

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within 24 hours after death.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filed in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

00619

630

CERTIFICATE OF DEATH

Reg. Dist. No. 180

1. PLACE OF DEATH		2. USUAL RESIDENCE (HOME) OF DECEASED	
COUNTY	Harford	MARYLAND	STATE Maryland COUNTY Harford
CITY (If outside corporate limits, write RURAL OR and give nearest town)		LENGTH OF STAY (in this place)	CITY (If outside corporate limits, write RURAL and give nearest town)
24 TOWN Hayford Men. Shop.	38 days	STREET ADDRESS	Joppa Md
HOSPITAL OR INSTITUTION OR STREET ADDRESS	Paradise Grace, Md	(If rural give location)	
3. NAME OF DECEASED (Type or Print)		4. DATE (Month) (Day) (Year)	
HAE Mary B. Ackerman		JANUARY 11 1956	
5. SEX F	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH May 15, 1877
10e. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY self employed	9. AGE last birthday 78 yrs.
Practical Nurse		11. BIRTHPLACE (State or foreign country) Shrewsbury Pa.	12. CITIZEN OF WHAT COUNTRY USA
13. FATHER'S NAME Wilkes		14. MOTHER'S M AIDEN NAME Sweeney	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) no		16. SOCIAL SECURITY NO. none	17. INFORMANT & ADDRESS Herbert Budnick Joppa, Md.
18. MEDICAL CERTIFICATION			
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH 4221 IMMEDIATE CAUSE (A) Pneumonitis - bilateral, hypostatic ANTECEDENT CAUSE(S) DUE TO (B) Arteriosclerotic Cardiovascular disease DISEASES OR CONDITIONS, IF ANY, (B) ? GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST, DUE TO (C) ?			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Gangrene of left foot due to peripheral arteriosclerosis ?			
19a. DATE OF OPERATION Dec. 13th, 1955		19b. MAJOR FINDINGS OF OPERATION Gangrene of left foot	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		INTERVAL BETWEEN ONSET AND DEATH 3 days	
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21b. PLACE (Home, farm, factory, OR INJURY street, office, bldg., etc.) 21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M. While at work		21e. INJURY OCCURRED Not while at work	
21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>Dec. 4th, 1955</u> to <u>Jan. 11th, 1956</u> , that I last saw the deceased alive on <u>Jan. 11th, 1956</u> , and that death occurred at <u>11:40 A.M.</u> from the causes and on the date stated above. SIGNATURE <u>Edward H. Rogers</u>			
23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial		DATE THEREOF Jan. 14, 1956	NAME OF CEMETERY OR CREMATORIAL Trinity Lutheran
24. REC'D BY REGISTRAR DATE Jan. 14-1956		REGISTRAR'S SIGNATURE G. L. Lewis M. A. Hernandez & McDonald	25. FUNERAL DIRECTOR'S SIGNATURE Howard K. McComas & Son, Abingdon, Md.
ADDRESS (Street, city, town, state) <u>211 N. Union Ave, Paradise Grace, Md.</u> DATE SIGNED <u>1/15/56</u>			
LOCATION (City, town, or county) (State) <u>Joppa, Harford, Md.</u>			

47 STATE DEVELOPMENT AUTHORITY-SUBDIVISION

STATE OF TEXAS

BUREAU V.

JAN 17 1956

RECEIVED

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within 24 hours after death.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

00620

631

CERTIFICATE OF DEATH

Reg. Dist. No. 185

1. PLACE OF DEATH		2. USUAL RESIDENCE (HOME) OF DECEASED													
COUNTY CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN	MARYLAND LENGTH OF STAY (In this place)	STATE CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN	COUNTY Aberdeen 31 STREET ADDRESS (If rural, give location)												
Harford Harpe-de-Grace	MD. Aberdeen 31 477 W. Bel Air Ave	Harford													
HOSPITAL OR INSTITUTION OR STREET ADDRESS	3. NAME OF DECEASED (First) (Middle) (Last)														
Harford Memorial Hospital	John Victor Adams														
4. DATE (Month) (Day) (Year)	5. SEX			6. COLOR OR RACE		7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?			
1 - 25 - 1956	Male white			106. KIND OF BUSINESS OR INDUSTRY		105. July 13 - 1888	67 yrs.	106. Maryland	107. GROCER	108. SELF Employed	109. U.S.A.				
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME		15. WAS DECEASED EVER IN U. S. ARMED FORCES?		16. SOCIAL SECURITY NO.		17. INFORMANT & ADDRESS		18. MEDICAL CERTIFICATION		19. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH			
William Adams		Emma Brystow		(Yes, no, or unk.)		218-32-1691		Geo. D. Adams/35 E Bel Air Ave		Coronary Thrombosis Coronary Atherosclerosis		420.1 IMMEDIATE CAUSE ANTECEDENT CAUSE(S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
DUE TO (A)		DUE TO (B)		DUE TO (C)								INTERVAL BETWEEN ONSET AND DEATH 3 day ends			
19b. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)		21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED While <input type="checkbox"/> Not white <input type="checkbox"/> M. at work <input type="checkbox"/> at work <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from.....		alive on.....		April 1955, to.....		1956, and that death occurred at.....		April 1956, from the causes and on the date stated above.		ADDRESS (Street, city, town, state)		DATE SIGNED			
Signature		Ralph Horby		M.D.		6:20 A.M.				Chadwick May 25					
23. BURIAL, CREMATION, REMOVAL (SPECIFY)		DATE THEREOF		NAME OF CEMETERY OR CREMATORIAL		LOCATION (City, town, or county)									
Burial		Jan 28 1956		Bakers Cemetery		Aberdeen 31									
24. REC'D BY REGISTRAR		REGISTRAR'S SIGNATURE		25. FUNERAL DIRECTOR'S SIGNATURE		ADDRESS									
Date Jan 28 1956		A. L. Lewis M.D.		John F. Barrue Aberdeen 31											

RECEIVED - BUREAU OF INVESTIGATION - U. S. DEPARTMENT OF JUSTICE

CERTIFICATE OF DEATH

BUREAU U. S.
JAN 30 1930
RECEIVED

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within 24 hours after death.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

12582

662

CERTIFICATE OF DEATH

Reg. Dist. No. 181

See: Stillbirth Cert. Twin I

1. PLACE OF DEATH

COUNTY **Harford**
 CITY (If outside corporate limits, write RURAL
 OR end give nearest town)
 TOWN **Aberdeen**

MARYLAND
 LENGTH OF STAY
 (in this place)
1 hr 53 min

HOSPITAL OR
 INSTITUTION OR
 STREET ADDRESS
**50 US Army Hospital
 Aberdeen Proving Ground**

2. USUAL RESIDENCE (HOME) OF DECEASED

STATE **Maryland**
 CITY (If outside corporate limits, write RURAL and give nearest town)
 OR
 TOWN **Aberdeen**
 STREET ADDRESS **#2 Dexter St.**
 (If rural give location)

3. NAME OF
 DECEASED
 (Type or Print)**MARIE**

(First)

(Middle)

(Last)

ADAMS Twin II

5. SEX

6. COLOR OR
 RACE **Female White**7. SINGLE, MARRIED,
 WIDOWED, DIVORCED,
 (Specify) **Single**

8. DATE OF BIRTH

January 17 1956

9. AGE last birthday

IF UNDER 1 YEAR	IF UNDER 24 HRS.
Months	Days
1	53

10a. USUAL OCCUPATION (Give kind of work
 done during most of working life, even if
 retired)**None**10b. KIND OF BUSINESS
 OR INDUSTRY**None**

11. BIRTHPLACE (State or foreign country)

Maryland12. CITIZEN OF WHAT
 COUNTRY?**USA**

13. FATHER'S NAME

Russell Clark Adams

14. MOTHER'S MAIDEN NAME

Sylvia June Furnace

15. WAS DECEASED EVER IN U. S. ARMED FORCES?

(Yes, no, or unk.) **No** (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.

None

17. INFORMANT & ADDRESS

Father

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

774x IMMEDIATE CAUSE **(A)**
 ANTECEDENT CAUSE(S) DUE TO

DISEASES OR CONDITIONS, IF ANY, **(B)**
 GIVING RISE TO THE ABOVE CAUSE
 STATING UNDERLYING CAUSE LAST. DUE TO
(C)

18. MEDICAL CERTIFICATION

Prematurity
Polyhydramnios

INTERVAL BETWEEN
 ONSET AND DEATHII OTHER SIGNIFICANT CONDITIONS CONTRIBUTING
 TO THE DEATH BUT NOT RELATED TO THE
 DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?
 YES NO 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH
 (If either, NOTIFY MEDICAL EXAMINER)21b. PLACE (Home, farm, factory,
 OF INJURY street, office bldg., etc.)

21c. WHERE DID INJURY OCCUR? (City or town)

(County)

(State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)

21e. INJURY OCCURRED
 While Not while
 at work at work

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **17 Jan 1956** to **17 Jan 1956**, that I last saw the deceased
 alive on **17 Jan 1956**, and that death occurred at **7:00a.M.** from the causes and on the date stated above.

SIGNATURE

Robert W. Lewis
 23. BURIAL, CREMATION,
 REMOVAL (SPECIFY)
Burial

DATE THEREOF

NAME OF CEMETERY OR CREMATORIAL

ADDRESS (Street, city, town, state)

DATE SIGNED

US Army Hospital

Aberdeen Proving Ground Md.

17 Jan 56

(State)

LOCATION (City, town, or county)

Army Chemical Center, Md.

24. REC'D BY REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR'S SIGNATURE

ADDRESS

Jan. 19-56**Mellie R. Penny**

John G. Tanning, Aberdeen Md.

275023420

CERTIFICATE OF DEATH

DEATH CERTIFICATE

REGISTRATION

NUMBER

REGISTRATION NUMBER

NAME OF DECEASED

BUREAU V. S.

JAN 20 1956

RECEIVED

REGISTRATION

REGISTRATION

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within 24 hours after death.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

00621

632

CERTIFICATE OF DEATH

Reg. Dist. No. 185-1

1. PLACE OF DEATH		2. USUAL RESIDENCE (HOME) OF DECEASED	
COUNTY CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN	MARYLAND LENGTH OF STAY (In this place)	STATE Maryland CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN	COUNTY Harford STREET ADDRESS (If rural give location)
24 HARFORD de GRACE		31 Aberdeen	43 Aberdeen Ave
HOSPITAL OR INSTITUTION OR STREET ADDRESS 71 HARFORD Memorial Hospital	(First) Harold (Middle) Raymond (Last) Albaugh	4. DATE OF DEATH JANUARY 18 1956	(Month) (Day) (Year)
5. SEX M	6. COLOR OR RACE W	7. SINGLE MARRIED WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH Feb 11th 1893
9. AGE last birthday 62 yrs.	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Security Officer	11. KIND OF BUSINESS OR INDUSTRY U.S. Govt. A.P.P. M.	12. BIRTHPLACE (State or foreign country) New Jersey
13. FATHER'S NAME Wesley Apgar Albaugh	14. MOTHER'S MAIDEN NAME Furina Waters	15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No	16. SOCIAL SECURITY NO. 149-07-9244
17. INFORMANT & ADDRESS Mrs Harold Albaugh 43 Aberdeen Ave		18. MEDICAL CERTIFICATION Edmund Scambray -	
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH 420.1 IMMEDIATE CAUSE (A) Edmund Scambray		INTERVAL BETWEEN ONSET AND DEATH 14 hours	
ANTECEDENT CAUSE(S) DUE TO DISEASES OR CONDITIONS, IF ANY, (B) GIVING RISE TO THE ABOVE CAUSE DUE TO STATING UNDERLYING CAUSE LAST. DUE TO (C)			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.			
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (If either, NOTIFY MEDICAL EXAMINER)	21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)	21c. WHERE DID INJURY OCCUR? (City or town) Baltimore, Maryland	(County) (State)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.	21e. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>Mar 19 56</u> , to <u>Jan 18, 1956</u> , that I last saw the deceased alive on <u>19 Jan 1956</u> , and that death occurred at <u>10:45 A.M.</u> from the causes and on the date stated above. SIGNATURE <u>J. H. Hatum</u> ADDRESS (Street, city, town, state) <u>DATE SIGNED</u>			
23. BURIAL, CREMATION, REMOVAL (SPECIFY) <u>Cremation</u>	DATE THEREOF <u>Jan 21-1956</u>	NAME OF CEMETERY OR CREMATORIAL <u>Greenmount Cemetery</u>	LOCATION (City, town, or county) <u>Baltimore, Maryland</u>
24. REC'D BY REGISTRAR <u>Jan 20-1956 G. L. Lewis M. D.</u>	REGISTRAR'S SIGNATURE <u>G. L. Lewis M. D.</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>John G. Farriar aberdeen road.</u>	ADDRESS

CERTIFICATE OF DEATH

BUREAU V. S.

JAN 23 1956

RECEIVED

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within 24 hours after death.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

V5 AISC 1-55 10A

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

00622

633

CERTIFICATE OF DEATH

Reg. Dist. No. 181

1. PLACE OF DEATH COUNTY <i>Harford</i> MARYLAND CITY (If outside corporate limits, write RURAL OR give nearest town) TOWN <i>aberdeen</i> LENGTH OF STAY (in this place) HOSPITAL OR INSTITUTION OR STREET ADDRESS <i>437 W. Bel Air Ave.</i>				2. USUAL RESIDENCE (HOME) OF DECEASED STATE <i>Maryland</i> COUNTY <i>Harford</i> CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN <i>aberdeen</i> STREET ADDRESS <i>437 W. Bel Air Ave.</i> (If rural give location)			
3. NAME OF DECEASED (First) <i>Miriam</i> (Middle) <i>Baer</i> (Last) (Type or Print)				4. DATE OF DEATH <i>Jan 31st 1956.</i>			
5. SEX <i>Female</i>	6. COLOR OR RACE <i>white</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <i>Married</i>	8. DATE OF BIRTH <i>Aug 3-1906.</i>	9. AGE last birthday <i>49</i>	10. IF UNDER 1 YEAR Months <i>0</i>	11. IF UNDER 24 HRS. Days <i>0</i>	12. Hours <i>0</i> Min. <i>0</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>House wife</i>			10b. KIND OF BUSINESS OR INDUSTRY <i>House</i>	11. BIRTHPLACE (State or foreign country) <i>Germany</i>	12. CITIZEN OF WHAT COUNTRY? <i>USA</i>		
13. FATHER'S NAME <i>unknown</i>				14. MOTHER'S MAIDEN NAME <i>Miriam Gerlach</i>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) <i>No</i>		16. SOCIAL SECURITY NO. <i>—</i>		17. INFORMANT & ADDRESS <i>Subrau Baer - aberdeen Md.</i>			
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH IMMEDIATE CAUSE <i>Subarachnoid Haemorrhage, Spontaneous</i> (b) ANTECEDENT CAUSE(S) DUE TO <i>Pulmonary Edema</i> (a) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE <i>—</i> (b) STATING UNDERLYING CAUSE LAST. DUE TO <i>—</i> (a) (C)							
II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.							
19a. DATE OF OPERATION <i>—</i>		19b. MAJOR FINDINGS OF OPERATION <i>—</i>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (If either, NOTIFY MEDICAL EXAMINER) <i>—</i>		21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) <i>—</i>		21c. WHERE DID INJURY OCCUR? (City or town) (County) <i>—</i> (State) <i>—</i>			
21d. TIME OF INJURY (Month) <i>—</i> (Day) <i>—</i> (Year) <i>—</i> (Hour) <i>—</i> M. <i>—</i>		21e. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <i>—</i>			
22. I hereby certify that I attended the deceased from..... <i>alive on 1-30-56</i> , and that death occurred at <i>11:10 P.M.</i> from the causes and on the date stated above. SIGNATURE <i>Vita W. Bohman</i> M.D. <i>aberdeen Md.</i> ADDRESS <i>—</i> DATE SIGNED <i>8-2-56</i> 23. BURIAL, CREMATION, REMOVAL (SPECIFY) <i>Burial</i> DATE THEREOF <i>2/4/56.</i> NAME OF CEMETERY OR CREMATORI <i>Portwood Cemetery</i> LOCATION (City, town, or county) <i>Balto Maryland</i> (State) 24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE <i>Nellie Q. Perry</i> 25. FUNERAL DIRECTOR'S SIGNATURE <i>John G. Barry</i> ADDRESS <i>aberdeen Md.</i> DATE <i>Feb. 3-1956</i>							

RECEIVED
FEDERAL BUREAU OF INVESTIGATION
U. S. DEPARTMENT OF JUSTICE

CERTIFICATE OF DEATH

DEATH
CERTIFICATE
NUMBER

FEDERAL BUREAU OF INVESTIGATION

RECEIVED
FEDERAL BUREAU OF INVESTIGATION
U. S. DEPARTMENT OF JUSTICE

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within 24 hours after death.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-35 10M

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

00623

CERTIFICATE OF DEATH

Reg. Dist. No. 185

1. PLACE OF DEATH		2. USUAL RESIDENCE (HOME) OF DECEASED	
COUNTY CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN	Harford Navy de Grace	MARYLAND LENGTH OF STAY (In this place)	STATE CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
HOSPITAL OR INSTITUTION OR STREET ADDRESS	2 days		ADDRESS COUNTY
3. NAME OF DECEASED (Type or Print)		4. DATE (Month) (Day) (Year) OF DEATH	
James H Benedict		Jan 4 1956	
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify)	8. DATE OF BIRTH
Male	W	Married	Feb. 23, 1904
9. AGE last birthday yrs.	10. IF UNDER 1 YEAR Months	11. IF UNDER 24 HRS. Dys	12. Hours Min.
51			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if part-time)		10b. KIND OF BUSINESS OR INDUSTRY	
Craft Assembler		11. BIRTHPLACE (State or foreign country)	
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
Ruben Benedict		Jenny Black	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.)		16. SOCIAL SECURITY NO.	
(If Yes, give war or dates of service)		17. INFORMANT & ADDRESS	
18. MEDICAL CERTIFICATION		19. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	
IMMEDIATE CAUSE (A)		Posterior Coronary Thrombosis Acute Arteriosclerotic Cardiovascular disease	
ANTECEDENT CAUSE(S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B)		2 days	
DUE TO (C)		?	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	
21a. DATE OF OPERATION		21b. MAJOR FINDINGS OF OPERATION	
21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)		21d. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
21e. TIME OF INJURY (Month) (Day) (Year) (Hour)		21f. HOW DID INJURY OCCUR?	
21g. PLACE (Home, farm, factory, OR INJURY street, office bldg., etc.)		21h. INJURY OCCURRED While <input type="checkbox"/> at work <input type="checkbox"/> Not while <input type="checkbox"/> at work	
22. I hereby certify that I attended the deceased from Jan. 2nd, 1956, to Jan. 4th, 1956, that I last saw the deceased alive on Jan. 4th, 1956, and that death occurred at 10:25 A.M. from the causes and on the date stated above. SIGNATURE		ADDRESS (Street, city, town, state) DATE SIGNED	
23. BURIAL, CREMATION, REMOVAL (SPECIFY)		DATE THEREOF NAME OF CEMETERY OR CREMATORIUM	
Burial		1-7-1956 Chestnut Level Quarryville, Pa.	
24. REC'D BY REGISTRAR		REGISTRAR'S SIGNATURE	
DATE Jan. 8-1956		25. FUNERAL DIRECTOR'S SIGNATURE	
G. L. Lewis, M. D.		ADDRESS	
Kee A. Patterson & Son, Perryville, Md.			

Woss

16 4091, E&E, 297

Woss, 16 4091, E&E, 297

50

Woss, 16 4091, E&E, 297

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be returned by the hospital or attending physician. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this death certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C-15 10W
635

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

00624

CERTIFICATE OF DEATH

Reg. Dist. No. 185

Item 8, Film G193 2-28-56 et

1. PLACE OF DEATH		2. USUAL RESIDENCE (HOME) OF DECEASED	
COUNTY CITY (if outside corporate limits, write RURAL OR and give nearest town) TOWN	Harford Horne-de-Grace	STATE CITY (if outside corporate limits, write RURAL and give nearest town) OR TOWN	Md. Horne-de-Grace
LENGTH OF STAY (In this place)		STREET ADDRESS (if rural give location)	
HOSPITAL OR INSTITUTION OR STREET ADDRESS		Revolution STI	
3. NAME OF DECEASED (First) (Middle) (Last)		4. DATE (Month) (Day) (Year) OF DEATH JAN. 7 1956	
Mamie Brinkman		5. SEX	
Female		6. COLOR OR RACE	
white		7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	
MARRIED		8. DATE OF BIRTH 1887	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		9. AGE last birthday 68 yrs.	
House-Wife		10b. KIND OF BUSINESS OR INDUSTRY	
Home		11. BIRTHPLACE (State or foreign country)	
Maryland		12. CITIZEN OF WHAT COUNTRY	
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
CHARLES RYAN		MARIE Christeson	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.)		16. SOCIAL SECURITY NO.	
(If Yes, give war or dates of service)		17. INFORMANT & ADDRESS	
18. MEDICAL CERTIFICATION		19. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	
443X IMMEDIATE CAUSE ANTECEDENT CAUSE(S) DUE TO DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.		Cardiac decompensation Hypertensive cardio-vascular disease	
(A) (B) (C)		INTERVAL BETWEEN ONSET AND DEATH 1 week 1 year	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>		21. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (If either, NOTIFY MEDICAL EXAMINER)		21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)	
21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)		21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	
21e. INJURY OCCURRED M. While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 1/3/1956, to 1/7/1956, that I last saw the deceased alive on Jan. 7, 1956, and that death occurred at 4:15 P.M. from the causes and on the date stated above. SIGNATURE: John H. Wachmann, M.D. ADDRESS: 1000 & Franklin Sts., Baltimore, Md. DATE SIGNED: 1/7/56			
23. BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL		DATE THEREOF JAN. 10, 1956	
24. REC'D BY REGISTRAR DATE: Jan 9-1956		NAME OF CEMETERY OR CREMATORIAL ANGEL HILL CEM. HAVRE DE GRANGE, Md.	
REGISTRAR'S SIGNATURE G. D. Lewis, Jr.		25. FUNERAL DIRECTOR'S SIGNATURE R. Madison Mitchell, Howard Green, Md.	

22 226 226

226.26

22 226 226

22 226 226

22

226

22

22

226

22

22

226

22

22

226

22

22

226

22

22

226

22

22

226

22

22

226

22

22

226

22

22

226

22

22

226

22

22

226

22

22

226

22

22

226

22

22

226

22

22

226

22

22

226

22

22

226

22

22

226

22

22

226

22

22

226

22

22

226

22

22

226

22

22

226

22

22

226

22

22

226

22

22

226

22

22

226

22

22

226

22

22

226

22

22

226

22

22

226

22

22

226

22

22

226

22

22

226

22

22

226

22

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

00625
181

663

CERTIFICATE OF DEATH

Reg. Dist. No.

INSTRUCTIONS

TO ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

TO HOSPITAL: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS AISC 1-55 10W

1. PLACE OF DEATH		2. USUAL RESIDENCE (HOME) OF DECEASED	
COUNTY	Harford	MARYLAND	New York
CITY (If outside corporate limits, write RURAL OR and give nearest town)		LENGTH OF STAY (in this place)	STATE Appalachee COUNTY New York
TOWN	Aberdeen	1 day	CITY (If outside corporate limits, write RURAL and give nearest town)
HOSPITAL OR INSTITUTION OR STREET ADDRESS		TOWN Appalachee New York	
JS Army Hospital Aberdeen Proving Ground, Md		STREET ADDRESS (see birthplace, if rural give location)	
3. NAME OF DECEASED (Type or Print)		4. DATE (Month) OF DEATH Jan 11 1956 (Day) (Year)	
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH
Female	White	Single	Jan 11 1956
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	
NA		NA	
11. BIRTHPLACE (State or foreign country)		12. CITIZEN OF WHAT COUNTRY? USA	
Maryland			
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
Gerald Brotman		Elisbeth Jonas	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.)		16. SOCIAL SECURITY NO.	
No		None	
17. INFORMANT & ADDRESS		Father 2115 Firethorn R', Baltimore 20 Md	
18. MEDICAL CERTIFICATION			
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH			
IMMEDIATE CAUSE (A) <u>Fetal prematurity</u>			
ANTECEDENT CAUSE(S) DUE TO (B) <u>Maternal congenital anomalies of uterus</u>			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C)			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
None			
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)	
21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED M. While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>	
		21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>11 Jan 1956</u> , to <u>11 Jan 1956</u> , that I last saw the deceased alive on <u>11 Jan 1956</u> , and that death occurred at <u>1100a.m.</u> from the causes and on the date stated above. SIGNATURE <u>Robert W. Glomd</u> M.D. US Army Hospital APG, Md DATE SIGNED <u>12 Jan 56</u>			
23. BURIAL, CREMATION, REMOVAL (SPECIFY)		DATE THEREOF	NAME OF CEMETERY OR CREMATORIY
Burial		Jan 16th 1956	Post Cemetery
24. REC'D BY REGISTRAR		REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR'S SIGNATURE
		Ellie R. Perry	John G. Farney
DATE		ADDRESS	
Jan 16-1956		Aberdeen, Maryland	



INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be filed with the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the funeral director, the third copy of this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS AISC 1-55 10A

Items 20&21 Film G191 1-19-56 exp 664

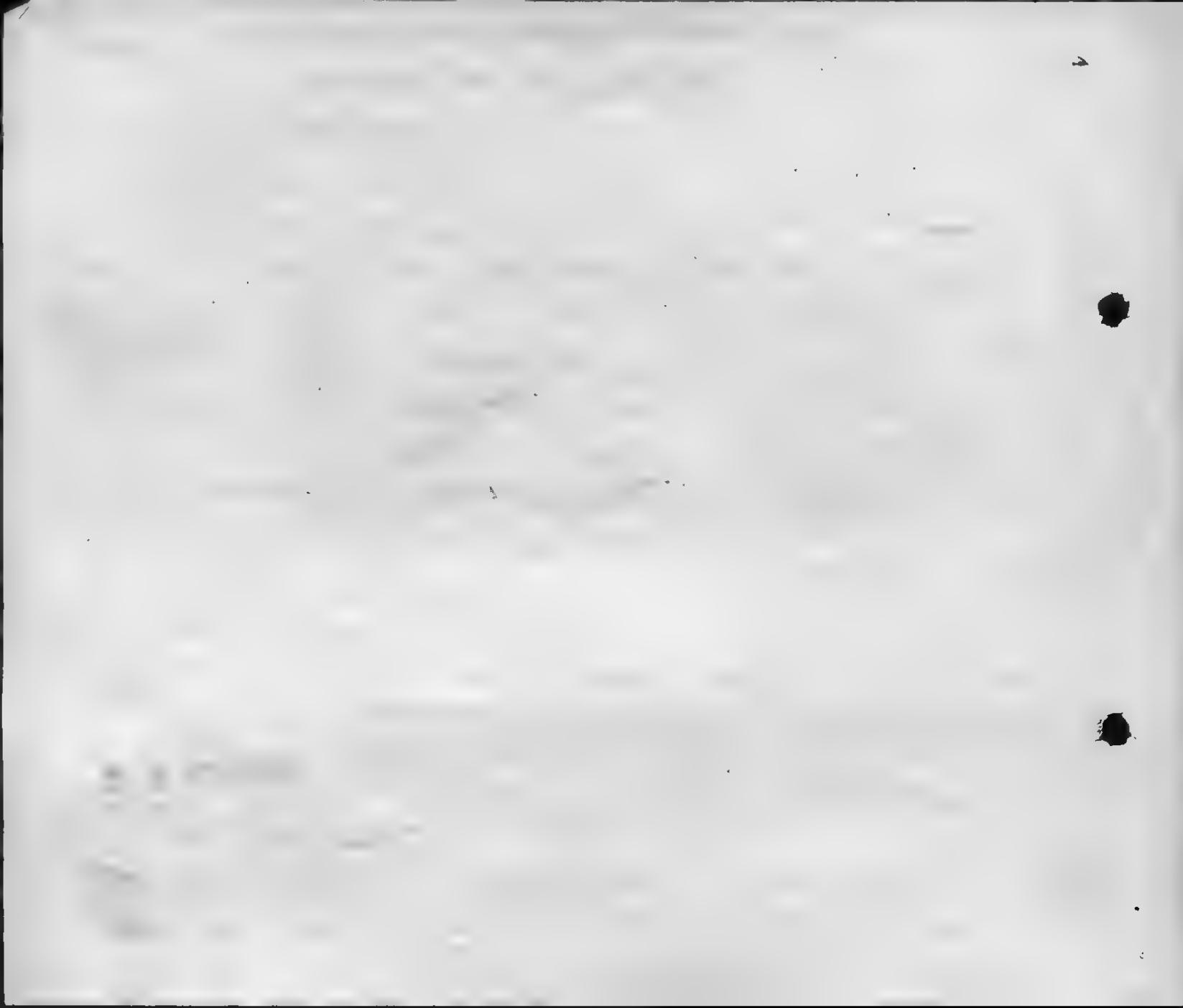
MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

00626

CERTIFICATE OF DEATH

Reg. Dist. No. 182

1. PLACE OF DEATH		2. USUAL RESIDENCE (HOME) OF DECEASED	
COUNTY <i>Harford</i>	MARYLAND	STATE <i>112d</i>	COUNTY <i>Harford</i>
CITY (If outside corporate limits, write RURAL OR end give nearest town)	LENGTH OF STAY (In this place)	CITY (If outside corporate limits, write RURAL and give nearest town)	
TOWN <i>Bell Air</i>		TOWN <i>Rocke</i>	Rural
HOUSING OR INSTITUTION OR STREET ADDRESS	<i>Rout 11 Highway</i>	STREET ADDRESS	(If rural give location)
3. NAME OF DECEASED (Type or Print)	(First) <i>Owen</i> (Middle) <i>Lee</i> (Last) <i>Brown</i>		4. DATE (Month) (Day) (Year) OF DEATH <i>January 7 1956</i>
5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <i>Married</i>	8. DATE OF BIRTH <i>March 9 1932</i>
9. AGE last birthday IF UNDER 1 YEAR yrs. <i>28</i>	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Truck driver</i>	10b. KIND OF BUSINESS OR INDUSTRY <i>H-T Campbell Co</i>	11. BIRTHPLACE (State or foreign country) <i>Thurmont MD</i>
12. CITIZEN OF WHAT COUNTRY? <i>USA</i>	13. FATHER'S NAME <i>W. F. Pitt Brown Jr.</i>		
14. MOTHER'S MAIDEN NAME <i>Maudie Brown</i>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) <i>Yes</i>	16. SOCIAL SECURITY NO. <i>787-27-0748</i>	17. INFORMANT & ADDRESS <i>Bernie Jean Brown</i>	
18. MEDICAL CERTIFICATION			
II DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH <i>Fracture Skul</i>		INTERVAL BETWEEN ONSET AND DEATH <i>—</i>	
IMMEDIATE CAUSE <i>Fracture Skul</i>		ANTECEDENT CAUSE(S) DUE TO <i>—</i>	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.		DUE TO <i>—</i>	
C		DUE TO <i>—</i>	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.			
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <i>—</i>		
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		INTERVAL BETWEEN ONSET AND DEATH <i>—</i>	
21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (If either, NOTIFY MEDICAL EXAMINER) <i>US Route 1</i>	21b. PLACE (Home, farm, factory, OF INJURY (street, office bldg, etc.) <i>US Route 1</i>	21c. WHERE DID INJURY OCCUR? (City or town) (County) <i>Fallston</i> (State) <i>Harford Md</i>	
21d. TIME OF INJURY (Month) (Day) (Year) <i>Jan. 7, 1956</i>	21e. INJURY OCCURRED 11:20 P.M. <input type="checkbox"/> White <input type="checkbox"/> Not white <input type="checkbox"/> at work <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <i>Auto accident, auto-object type</i>	
22. I hereby certify that I attended the deceased from 19 to 19 , that I last saw the deceased alive on 19 , and that death occurred at M, from the causes and on the date stated above. SIGNATURE <i>Leroy E. Palmer M.D.</i> DATE SIGNED <i>1/15/56</i>			
23. BURIAL, CREMATION, REMOVAL (SPECIFY) <i>Burial</i>	DATE THEREOF <i>Jan. 11-56</i>	NAME OF CEMETERY OR CREMATORIY <i>Bell Air Mem. Park</i>	LOCATION (City, town, or county) <i>Bell Air</i> (State) <i>MD</i>
24. REC'D BY REGISTRAR DATE <i>1-11-56</i>	REGISTRAR'S SIGNATURE <i>Wm. M. T. Tracy</i>	25. FUNERAL DIRECTOR'S SIGNATURE <i>Wm. M. T. Tracy</i>	ADDRESS <i>112d</i>



INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL The law requires that the death certificate be filed with the registrar within 72 hours after death. After this

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

00627

665

CERTIFICATE OF DEATH

Reg. Dist. No. 185

1. PLACE OF DEATH COUNTY <i>Harford</i> STATE <i>MARYLAND</i>				2. USUAL RESIDENCE (HOME) OF DECEASED STATE <i>N.Y.</i> COUNTY CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN <i>Shortsville</i>			
HOSPITAL OR INSTITUTION OR STREET ADDRESS <i>Havre de Grace Heights</i>				STREET ADDRESS (If rural give location)			
3. NAME OF DECEASED (First) <i>PARKER</i> (Middle) <i>LESTER</i> (Last) <i>BROWN</i>				4. DATE (Month) (Day) (Year) OF DEATH <i>JAN. 11, 1956</i>			
5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <i>MARRIED</i>	8. DATE OF BIRTH <i>May 23 1884</i>	9. AGE last birthday yrs. <i>71</i>	10. IF UNDER 1 YEAR Months <i>0</i>	11. IF UNDER 24 HRS. Days <i>0</i>	12. Hours <i>0</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>RETIRED</i>				10b. KIND OF BUSINESS OR INDUSTRY <i>HARDWARE DEALER</i>			
11. BIRTHPLACE (State or foreign country) <i>Havre de Grace, Md.</i>				12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>			
13. FATHER'S NAME <i>Wm. HENRY BROWN</i>				14. MOTHER'S MAIDEN NAME <i>(Richard) ALICE PARKER</i>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) <i>No</i>				16. SOCIAL SECURITY NO. <i>123-45-6789</i>			
17. INFORMANT & ADDRESS <i>Mrs. Richard E. Peaslin.</i>				18. MEDICAL CERTIFICATION <i>Havre de Grace, Md.</i> INTERVAL BETWEEN ONSET AND DEATH			
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH IMMEDIATE CAUSE (A) <i>Coronary Occlusion</i>				DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE ANTECEDENT CAUSE(S) DUE TO (B) <i>Chronic Hypertension</i>			
STATING UNDERLYING CAUSE LAST. DUE TO (C) <i>Arterio Sclerosis</i>							
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (City or town) (County) <i>Havre de Grace, Md.</i> (State) <i>Md.</i>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED M. While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <i>12:30 A.M.</i>			
22. I hereby certify that I attended the deceased from <i>12-18, 1955</i> , to <i>1-1, 1956</i> , that I last saw the deceased alive on <i>1-6, 1956</i> , and that death occurred at <i>12:30 A.M.</i> from the causes and on the date stated above. SIGNATURE <i>John J. Lewis</i> M.D. ADDRESS (Street, city, town, state) <i>Havre de Grace, Md.</i> DATE SIGNED <i>1-12-56</i>							
23. BURIAL, CREMATION, REMOVAL (SPECIFY) <i>BURIAL</i>		DATE THEREOF <i>JAN 13, 56</i>		NAME OF CEMETERY OR CREMATORIUM <i>ANGEL HILL Cem.</i>		LOCATION (City, town, or county) <i>Havre de Grace, Md.</i>	
24. REC'D BY REGISTRAR DATE <i>Jan. 12-1956</i>		REGISTRAR'S SIGNATURE <i>J. J. Lewis M.D.</i>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <i>P. Madeline Mitchell, Havre de Grace, Md.</i>			

12.14.11. 30.000 P. 263.000 m³
27.000 24.770 m³
11.000 10.000 m³
+ 15.000 m³ sand
0.000 0.000 m³
+ 10.000 m³ sand

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

00628

636

CERTIFICATE OF DEATH

Reg. Dist. No. 185

1. PLACE OF DEATH		2. USUAL RESIDENCE (HOME) OF DECEASED			
COUNTY CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN	MARYLAND LENGTH OF STAY (in this place)	STATE CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN	Bel Air (If rural give location)		
Harford Harford Harford de Grace	MD	Bel Air Rte #1, Bellgate Rd.			
HOSPITAL OR INSTITUTION OR STREET ADDRESS	3. NAME OF DECEASED (First) (Middle) (Last)				
Harford Memorial Hospital	Timothy	N.	Cardwell		
4. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	A. DATE OF DEATH
Male	White	Child	June 21, 1953	6 months	January 9, 1956
10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)		12. CITIZEN OF WHAT COUNTRY?
			Pa.		U.S.
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.)	
Harrison L. Cardwell		Sybil E (Spars)		(If Yes, give war or dates of service)	
16. SOCIAL SECURITY NO.		17. INFORMANT & ADDRESS		18. MEDICAL CERTIFICATION	
		Matthew L. (Cardwell) Bal Air Md Route 3		IMMEDIATE CAUSE (A) <u>Sepicemia</u> ANTECEDENT CAUSE(S) DUE TO (B) <u>Ac. Infectious diarrhea</u> DISEASES OR CONDITIONS, IF ANY, (B) DUE TO (C) GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		INTERVAL BETWEEN ONSET AND DEATH ?	
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (If either, NOTIFY MEDICAL EXAMINER.)		21b. PLACE (Home, farm, factory, Or INJURY street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED M. at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>Jan 8, 1956</u> to <u>Jan 9, 1956</u> , that I last saw the deceased alive on <u>Jan 9, 1956</u> , and that death occurred at <u>5318 Forest Hill Rd.</u> from the causes and on the date stated above. SIGNATURE <u>Willard P. Hudson M.D.</u> ADDRESS (Street, city, town, state) <u>Forest Hill Rd.</u> DATE SIGNED <u>1/9/56</u>					
23. BURIAL, CREMATION, REMOVAL (SPECIFY)		DATE THEREOF	NAME OF CEMETERY OR CREMATORIAL	LOCATION (City, town, or county) (State)	
Burial		Jan 10/56	Bal Air Memorial Crem. & Bur.	Bel Air HARTFORD Md	
24. REC'D BY REGISTRAR		REGISTRAR'S SIGNATURE		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	
DATE <u>Jan 12 - 1956</u>		J. L. Lewis M. D. <u>Forest Hill Home, Joseph W. Trotter, Bel Air, Md.</u>			



INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be returned by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS AISC 1-55 10A

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

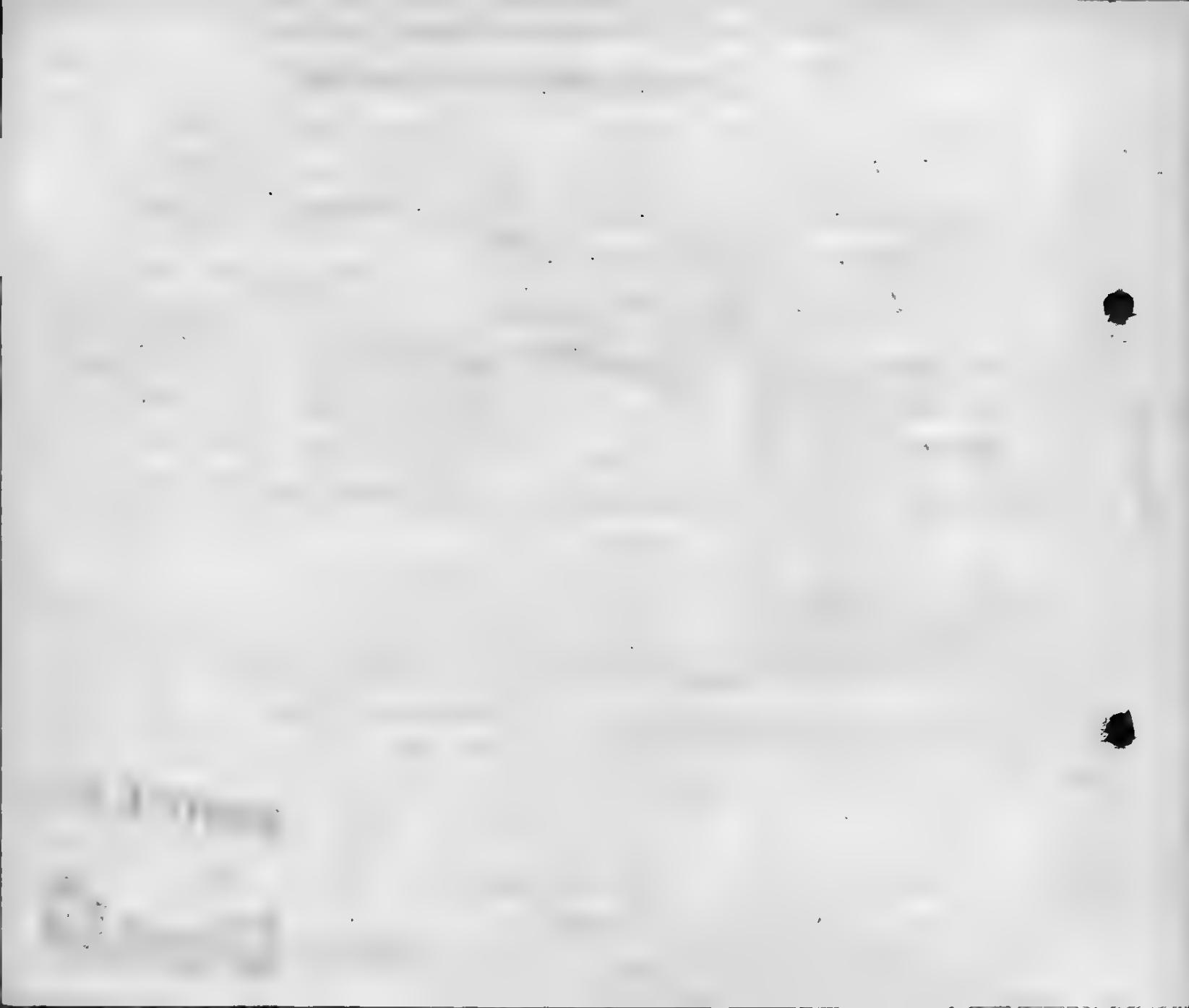
666

00629

CERTIFICATE OF DEATH

Reg. Dist. No. 182

1. PLACE OF DEATH		2. USUAL RESIDENCE (HOME) OF DECEASED	
COUNTY <u>Hartford</u>		STATE <u>Md</u>	
CITY (If outside corporate limits, write RURAL OR and give nearest town)		CITY (If outside corporate limits, write RURAL and give nearest town)	
TOWN <u>Kalmar</u>		TOWN <u>Forest Hill</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS		STREET ADDRESS	
<u>Hartford Convent. Home</u>		<u>Forest Hill</u>	
3. NAME OF DECEASED (First) <u>Edna</u> (Middle) <u>Virginia</u> (Last) <u>Cart</u>		4. DATE (Month) OF DEATH <u>JAN. 27, 1956</u>	
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH <u>Aug 5-1878</u>
9. AGE last birthday yrs. <u>77</u>	10. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Baltimore, Md.</u>	12. CITIZEN OF WHAT COUNTRY? <u>K.S.C.</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House Wife</u>	10b. INFORMANT & ADDRESS <u>Adrian B Christy</u>	14. MOTHER'S MAIDEN NAME <u>Alice Ann Greaser</u>	13. FATHER'S NAME <u>Henry Christy</u>
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) <u>Yes</u>	16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS <u>Adrian B Christy</u>	18. MEDICAL CERTIFICATION <u>Acute Coronary Occlusion, probable.</u>
DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH IMMEDIATE CAUSE <u>Arteriosclerotic C-V-D</u> ANTECEDENT CAUSE(S) DUE TO <u>Arteriosclerotic C-V-D</u> DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO <u>Fracture, Tinner Left - Post Operative</u> 1904-71		INTERVAL BETWEEN ONSET AND DEATH <u>1 minute</u> <u>10 years.</u>	
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/>	21b. PLACE (Home, farm, factory, OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (If either, NOTIFY MEDICAL EXAMINER)	21c. WHERE DID INJURY OCCUR? (City or town) (County) <u>Emory</u> (State) <u>Md.</u>	
21d. TIME OF INJURY (Month) <u>Jan</u> (Day) <u>30</u> (Year) <u>1956</u> (Hour) M. <input type="checkbox"/> et work <input type="checkbox"/> Not while et work <input type="checkbox"/>	21e. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> et work <input type="checkbox"/> et work <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>5/23, 1947</u> to <u>1/27, 1956</u> , that I last saw the deceased alive on <u>12/10, 1955</u> , and that death occurred at <u>2 P.M.</u> from the causes and on the date stated above. SIGNATURE <u>R.H. Barthol</u> M.D. ADDRESS (Street, city, town, state) <u>Forest Hill Md.</u> DATE SIGNED <u>1/28/56</u>			
23. BURIAL, CREMATION, REMOVAL (SPECIFY) <u>Burial</u>	DATE THEREOF <u>Jan 30-56</u>	NAME OF CEMETERY OR CREMATORIAL <u>Emory</u>	LOCATION (City, town, or county) <u>Emory Hartford, Md.</u> (State) <u>Md.</u>
24. REC'D BY REGISTRAR DATE <u>1-31-56</u>	REGISTRAR'S SIGNATURE <u>Priscilla Fowle</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Forest Hill</u> <u>2nd</u>	



TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within 24 hours after death.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10A

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

00630

CERTIFICATE OF DEATH

Reg. Dist. No. 180

637

1. PLACE OF DEATH		2. USUAL RESIDENCE (HOME) OF DECEASED											
COUNTY HARFORD CITY (If outside corporate limits, write RURAL OR end give nearest town) TOWN HARVE de GRACE		STATE MARYLAND LENGTH OF STAY (in this place) 6 DAYS											
HOSPITAL OR INSTITUTION OR STREET ADDRESS HARFORD MEMORIAL Hosp.		STATE Maryland CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN ROCKS											
3. NAME OF DECEASED (Type or Print) LAURA		4. DATE (Month) (Day) (Year) JANUARY 7 1956											
5. SEX FEMALE	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed	8. DATE OF BIRTH JAN. 17 1925										
10e. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE		10b. KIND OF BUSINESS OR INDUSTRY —	9. AGE last birthday 70										
13. FATHER'S NAME John Jones		11. BIRTHPLACE (State or foreign country) North CAROLINA											
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) No		16. SOCIAL SECURITY NO. —											
17. INFORMANT & ADDRESS Mr. Martin Kuepp Rocks Md.		14. MOTHER'S MAIDEN NAME MARTHA WEVER											
II DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH													
<table border="0"> <tr> <td>IMMEDIATE CAUSE CORONARY OCCLUSION</td> <td>(A) DUE TO chr hypertension cardio-vascular Disease</td> <td>INTERVAL BETWEEN ONSET AND DEATH</td> </tr> <tr> <td colspan="2">ANTECEDENT CAUSE(S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.</td> <td>(B) DUE TO With Atrial fibrillation</td> </tr> <tr> <td colspan="4">(C)</td> </tr> </table>				IMMEDIATE CAUSE CORONARY OCCLUSION	(A) DUE TO chr hypertension cardio-vascular Disease	INTERVAL BETWEEN ONSET AND DEATH	ANTECEDENT CAUSE(S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.		(B) DUE TO With Atrial fibrillation	(C)			
IMMEDIATE CAUSE CORONARY OCCLUSION	(A) DUE TO chr hypertension cardio-vascular Disease	INTERVAL BETWEEN ONSET AND DEATH											
ANTECEDENT CAUSE(S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.		(B) DUE TO With Atrial fibrillation											
(C)													
<table border="0"> <tr> <td>II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. chr bronchial asthma</td> <td>INTERVAL BETWEEN ONSET AND DEATH</td> </tr> </table>				II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. chr bronchial asthma	INTERVAL BETWEEN ONSET AND DEATH								
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. chr bronchial asthma	INTERVAL BETWEEN ONSET AND DEATH												
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION											
21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)											
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>											
21f. HOW DID INJURY OCCUR?													
22. I hereby certify that I attended the deceased from May 2, 1950 , to Jan 7, 1956 , that I last saw the deceased alive on Jan 7, 1956 , and that death occurred at 5 A.M. from the causes and on the date stated above.													
SIGNATURE Willard P. Hudson		ADDRESS (Street, city, town, state) Forest Hill Md											
DATE SIGNED 1/1/56													
23. BURIAL, Cremation, REMOVAL (SPECIFY) Burial		DATE THEREOF 1-10-56	NAME OF CEMETERY OR Crematory MT ZION										
24. REC'D BY REGISTRAR 1-11-56		REGISTRAR'S SIGNATURE Merilla Scowood											
DATE 1-11-56		25. FUNERAL DIRECTOR'S SIGNATURE Dr. G. F. Lewis											
ADDRESS 720 North Hurst Avenue		ADDRESS Fountain Green Md											

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No 182

1. PLACE OF DEATH:

COUNTY **Harford** MARYLAND
 CITY (If outside corporate limits, write RURAL
 OR and give nearest town) **Bel Air** LENGTH OF STAY
 (In this place) **12 yrs.**
 TOWN

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE **Maryland** COUNTY **Harford**
 CITY (If outside corporate limits write RURAL and give nearest town)
 OR TOWN **Bel Air**

3. HOSPITAL OR
INSTITUTION OR
STREET ADDRESSSTREET
ADDRESS (If rural, give location)4. NAME OF
DECEASED:
(Type or Print)(First) **Ellen** (Middle) **C** (Last) **Cook**4. DATE (Month) (Day) (Year)
OF DEATH **January 20 1956**5. SEX:
female6. COLOR OR
RACE: **white**7. SINGLE, MARRIED,
WIDOWED, DIVORCED,
(Specify): **married**8. DATE OF BIRTH:
Feb. 5, 19019. AGE last birthday:
IF UNDER 1 YEAR
Months **54** yrs. Days **0** Hours **0** Min. **0**
IF UNDER 24 HRS.10a. USUAL OCCUPATION (Give kind of
work done during most of work life,
even if retired): **Clerk Steno**10b. KIND OF BUSINESS OR
INDUSTRY: **U.S. Govt.,**11. BIRTHPLACE (State or foreign country): **North Carolina** 12. CITIZEN OF WHAT
COUNTRY? **U.S.A.**

13. FATHER'S NAME:

Wilburn Gillespie14. MOTHER'S MAIDEN NAME:
Martha Holden15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unk.) (If Yes, give war or dates of
service) **NO**16. SOCIAL SECURITY NO.: **239-03-4083**17. INFORMANT & ADDRESS:
William A. Cook, Bel Air, Maryland18. MEDICAL CERTIFICATION
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:INTERVAL BETWEEN
ONSET AND DEATHImmediate cause
(a) **Atherosclerotic CV disease**

DUE TO

Antecedent cause(s)

Diseases or conditions, if any, (b) ...
giving rise to the above cause DUE TO
stating underlying cause last (c)II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING
TO THE DEATH BUT NOT RELATED TO THE
DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION:

20. AUTOPSY?

Yes No

21a. EXTERNAL CAUSE WAS PRIMARY or CONTRIBUTING CAUSE OF DEATH. 21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY) 21c. (City or town) (County) (State)

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY M. 21e. INJURY OCCURRED While at work Not while at work 21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy , Inspection , Inquiry , and find that death resulted from: Natural causes , Accident , Suicide , Homicide , Undetermined cause .

SIGNATURE

Gerald C PalmerCHIEF MEDICAL EXAMINER
DEPUTY MEDICAL EXAMINER
M. D. ASSISTANT MEDICAL EXAM.DATE SIGNED
1/20/56

23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETERY OR CREMATORIAL LOCATION (City, town, or county) (State)
REMOVAL (Specify): **Burial** **Jan. 23, 1956** **William Watters** **Jarrettsville, Harford, Md.**

DATE REC'D BY LOCAL REG. **1-21-56** REGISTRAR'S SIGNATURE **Priscilla Lowwood** 24. FUNERAL DIRECTOR **Howard K. McComas & Son Abingdon** ADDRESS **Md.**



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

00632

CERTIFICATE OF DEATH

Reg. Dist. No. 1851

633

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within 24 hours after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this certificate should be mailed to us for us to burial transit permit.

VIA FAX 1-55 10

1. PLACE OF DEATH		2. USUAL RESIDENCE (HOME) OF DECEASED	
COUNTY CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN	MARYLAND LENGTH OF STAY (in this place)	STATE CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN	COUNTY Port Deposit 07x (If rural give location)
Harford Harrode-Grace	8 days.	Maryland Port Deposit	Cecil
HOSPITAL OR INSTITUTION OR STREET ADDRESS	Harford Memorial Hospital Box 576, R.D.		
3. NAME OF DECEASED (Type or Print)	(First)	(Middle)	(Last)
Female white	Beulah	Mae	Craig
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH
Female	white	MARRIED	April 16, 1893
9. AGE last birthday yrs.	10. IF UNDER 1 YEAR Months	11. IF UNDER 24 HRS. Days	12. IF UNDER 24 HRS. Hours
62			
10e. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
House-wife		Maryland	
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME		
John Taylor	Elizabeth Bunnell		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.)	16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS	Port Deposit, Md
No		Stanley Craig	
18. MEDICAL CERTIFICATION			
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH			
175x IMMEDIATE CAUSE DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	(A) DUE TO (B) DUE TO (C) DUE TO	Cancer of right ovary & ascitis Acute hemorrhage & Post op. Chronic pyelonephritis	1 yr - ? 1 month. Seven years
19. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.			
old inactive rheumatic heart disease	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		
21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (If either, NOTIFY MEDICAL EXAMINER)	21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M. a. t. w. t. f. s. s. a. m. p. n. e. n. n. n. n.	21e. INJURY OCCURRED White <input type="checkbox"/> Not white <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from 9-4, 12.5, 10.1-13, 19.56, that I last saw the deceased alive on 1-13, 19.56, and that death occurred at 8:45 P.M., from the causes and on the date stated above. SIGNATURE <i>J. Harford</i> ADDRESS (Street, city, town, state) <i>Port Deposit, Md.</i> DATE SIGNED <i>1-14-56</i>			
23. BURIAL, CREMATION, REMOVAL (SPECIFY)	DATE THEREOF	NAME OF CEMETERY OR CREMATORIUM	LOCATION (City, town, or county) (State)
Burial	1-17-1956	Asbury Cemetery	Port Deposit, Md. Rural
24. REC'D BY REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS
DATE	Jan. 15-1956	A. L. Lewis	Perryville, Md.

RECEIVED
FEB 27 1956

BUREAU V. S.

AN 17 1956

RECEIVED

111-1826 COMM-FBI-CITY
FEB 27 1956
RECEIVED
FEB 27 1956

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: This law requires that the death certificate be executed within 24 hours after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-5 10M

640

CERTIFICATE OF DEATH

Reg. Dist. No. 180

1. PLACE OF DEATH		2. USUAL RESIDENCE (HOME) OF DECEASED	
COUNTY CITY (If outside corporate limits, write RURAL OR end give nearest town) TOWN	Harford Havre de Grace	MARYLAND LENGTH OF STAY (In this place)	MARYLAND STATE Maryland CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Havre de Grace STREET ADDRESS 550 Alliance St.
HOSPITAL OR INSTITUTION OR STREET ADDRESS	550 Alliance St.		
3. NAME OF DECEASED (Type or Print) (First) Abel. (Middle) J. (Last) Cromwell		4. DATE (Month) (Day) (Year) OF DEATH 1 26 1956	
5. SEX Male	6. COLOR OR RACE Negro	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed	8. DATE OF BIRTH 3-6-78
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Schoolteacher Board of Education		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Baltimore, Md.
13. FATHER'S NAME James Cromwell		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) No		16. SOCIAL SECURITY NO. None	14. MOTHER'S MAIDEN NAME Amanda Osborn
17. INFORMANT & ADDRESS Mr. Horace Cromwell - Father, Md.			
18. MEDICAL CERTIFICATION IMMEDIATE CAUSE (A) Cerebral Vascular Accident (Thrombosis) INTERVAL BETWEEN ANTECEDENT CAUSE(S) DUE TO ONSET AND DEATH DISEASES OR CONDITIONS, IF ANY, (B) Arteriosclerotic Heart disease 10 days GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C)			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (If either, NOTIFY MEDICAL EXAMINER)		21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)	21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.		21e. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from June 10, 1956, to Jan. 26, 1956, that I last saw the deceased alive on Jan. 26, 1956, and that death occurred at 12:15A.M., from the causes and on the date stated above. SIGNATURE George J. Stanbury M.D. 584 Revolution St. Havre de Grace, Md. 1/27/56 ADDRESS (Street, city, town, state)			
23. BURIAL OR CREMATION, REMOVAL (SPECIFY) Burial		DATE THEREOF 1-29-56	NAME OF CEMETERY OR CREMATORIUM St. James Cemetery
24. REC'D BY REGISTRAR DATE Jan. 29, 1956		REGISTRAR'S SIGNATURE G. D. Lewis, Jr.	FUNERAL DIRECTOR'S SIGNATURE ADDRESS Attilio J. Bullock, Havre de Grace, Md.



INSTRUCTIONS

TO ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate should be dispatched for use as a burial transit permit.

VS A15C 1-55 10W

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

00634

667

CERTIFICATE OF DEATH

Reg. Dist. No. 185

1. PLACE OF DEATH		2. USUAL RESIDENCE (HOME) OF DECEASED		
COUNTY	Harford	MARYLAND	MARYLAND	
CITY (If outside corporate limits, write RURAL OR end, give nearest town)	LENGTH OF STAY (In this place)			
TOWN	Harve de Grace	about 30 yrs.		
HOSPITAL OR INSTITUTION OR STREET ADDRESS	R. F. D. #1 Box 44			
3. NAME OF DECEASED (Type or Print)	(First) Lee	(Middle)	(Last) Dawson	
4. DATE OF DEATH	(Month) 1	(Day) 30	(Year) 1956	
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	
Male	Negro	Single	3-4-1889	
9. AGE last birthday	66 yrs.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)		
Blacksmith	Buntington Rural Bus.	Va.		
12. CITIZEN OF WHAT COUNTRY?	U.S.A.			
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME			
Unknown	Rena Dawson			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.)	16. SOCIAL SECURITY NO.			
no	215-14-4814			
17. INFORMANT & ADDRESS				
456 N. St. N. W. Mr. Winfield Dawson, Washington, DC				
18. MEDICAL CERTIFICATION				
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH				
IMMEDIATE CAUSE (A) <u>Retroperitoneal Sarcoma</u>				
ANTECEDENT CAUSE(S) DUE TO				
DISEASES OR CONDITIONS, IF ANY, (B) GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C)				
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.				
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION				
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>				
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (If either, NOTIFY MEDICAL EXAMINER)		21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (City or town)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED M. While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from <u>11/2</u> , 1950, to <u>1/30</u> , 1956, that I last saw the deceased alive on <u>1/30</u> , 1956, and that death occurred at <u>11:15 P.M.</u> from the causes and on the date stated above. SIGNATURE <u>George J. Stanbury</u> M.D. 569 Revolution St. Harve de Grace Md. 1/31/56				
23. BURIAL, CREMATION, REMOVAL (SPECIFY)		DATE THEREOF	NAME OF CEMETERY OR CREMATORIAL	LOCATION (City, town, or county) (State)
Burial		2-4-56	Union Methodist Cemetery Aberdeen, Md.	
24. REC'D BY REGISTRAR		REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR'S SIGNATURE	
DATE <u>Jan 31, 1956</u>		<u>C. J. Devil, M.A.</u>	<u>Olelio J. Bullock-Harve de Grace</u>	

FE2

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

00635

641

CERTIFICATE OF DEATH

Reg. Dist. No. 185

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within 24 hours after death.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS AFSC 1-55 10M

1. PLACE OF DEATH		2. USUAL RESIDENCE (HOME) OF DECEASED	
COUNTY CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN	MARYLAND LENGTH OF STAY (In this place)	STATE CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN	COUNTY Harford 111 East Broadway 32
Hospital of Grace	2 PAYS	STREET ADDRESS	111 East Broadway
3. NAME OF DECEASED (First) (Middle) (Last) (Type or Print)		4. DATE OF DEATH	
Ethel Florence Douglas		January 14 1956	
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH
Female	White	2/2/1902	55
10e. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	
Housewife		Md.	
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
Logan Woodis		Mattie Loupe	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.)		16. SOCIAL SECURITY NO.	
(If Yes, give war or dates of service)		17. INFORMANT & ADDRESS Mrs. Ethel S. Price Forest Hill Rd 9 Md	
18. MEDICAL CERTIFICATION			
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH 420. IMMEDIATE CAUSE (A) Coronary Occlusion with myocardial infarction 48 hrs. ANTECEDENT CAUSE(S) DUE TO DISEASES OR CONDITIONS, IF ANY, (B) Anteriosclerotic and Hypertensive Cardio- GIVING RISE TO THE ABOVE CAUSE DUE TO STATING UNDERLYING CAUSE LAST. (C) vascular disease			
II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (If either, NOTIFY MEDICAL EXAMINER)		21b. PLACE (Home, farm, factory, OF INJURY street, office-bldg., etc.)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED While <input checked="" type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from Jan. 13, 1956, to Jan. 14, 1956, that I last saw the deceased alive on Jan. 14, 1956, and that death occurred at 4:45 AM, from the causes and on the date stated above. SIGNATURE			
23. BURIAL, CREMATION, REMOVAL (SPECIFY)		ADDRESS (Street, city, town, state)	
Burial		DATE SIGNED	
24. REC'D BY REGISTRAR DATE Jan. 16, 1956		REGISTRAR'S SIGNATURE	
25. FUNERAL DIRECTOR'S SIGNATURE DATE		ADDRESS	
J. L. Lewis m.d. Joseph J. Foster Belair, Md			

24A-16

54-163

INSTRUCTIONS

TO ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. The bottom copy may be filed with the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

00636

CERTIFICATE OF DEATH

Reg. Dist. No. 185-

642

1. PLACE OF DEATH		2. USUAL RESIDENCE (HOME) OF DECEASED	
COUNTY CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN	HARFORD MARYLAND HARRE-de-Grace 8 hrs.	STATE CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN	MD. COUNTY HARFORD Perryman x
HOSPITAL OR INSTITUTION OR STREET ADDRESS	LENGTH OF STAY (in this place)		
3. NAME OF DECEASED (Type or Print)		4. DATE (Month) (Day) (Year) OF DEATH	
5. SEX Male	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married	8. DATE OF BIRTH May 16 - 1902
9. AGE last birthday 53 yrs.	10. IF UNDER 1 YEAR Months	11. IF UNDER 24 HRS. Days	12. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Maintenance, U.S. Govt.		10b. KIND OF BUSINESS OR INDUSTRY Retired	11. BIRTHPLACE (State or foreign country) Maryland
13. FATHER'S NAME Charles A. DUFF		14. MOTHER'S MADDEN NAME Sally Love	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) no		16. SOCIAL SECURITY NO. 320-22-0324	
17. INFORMANT & ADDRESS Vernon L. Duff, aberdeen #1, rd.		18. MEDICAL CERTIFICATION	
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH			
1X IMMEDIATE CAUSE (A) <i>acute Pulmonary Edema</i>			
ANTECEDENT CAUSE(S) DUE TO (B) <i>Cir Pulmonary</i>			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C) <i>Bronchial Asthma</i>			
INTERVAL BETWEEN ONSET AND DEATH 18 hours			
19. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.			
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (If either, NOTIFY MEDICAL EXAMINER)		21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)	
21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)		21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	
21e. HOW DID INJURY OCCUR?		21f. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>	
22. I hereby certify that I attended the deceased from 12/25, 1955, to 11, 1956, that I last saw the deceased alive on 11, 1956, and that death occurred at 9:20 P.M., from the causes and on the date stated above. Signature: <i>Frederick J. Hester</i> M.D. ADDRESS (Street, city, town, state) <i>1777 Main St. Aberdeen, Md.</i> DATE SIGNED <i>12/25/56</i>			
23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial		DATE THEREOF 1/4/56	
24. REC'D BY REGISTRAR DATE Jan. 6-1956		REGISTRAR'S SIGNATURE G. L. Lewis M. D.	
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS		John G. Barry, aberdeen, Md.	

5. V. S.

191

191
5. V. S.

CERTIFICATE OF DEATH

Reg. Dist. No. 182

1. PLACE OF DEATH:

COUNTY Harford MARYLAND
 CITY (If outside corporate limits, write RURAL
 OR and give nearest town)
 TOWN RURAL - WHITEFORD LENGTH OF STAY
 (in this place) 69 yrs.
 HOSPITAL OR
 INSTITUTION OR
 STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Md. COUNTY Harford
 CITY (If outside corporate limits, write RURAL and give nearest town)
 OR
 TOWN Whiteford, Rural
 STREET ADDRESS
 (If rural give location)

3. NAME OF (First) (Middle) (Last)

DECEASED: (Type or Print)

HENRY B. Ellis4. DATE (Month) (Day) (Year)
 OF DEATH: Jan. 26 - 19565. SEX: 6. COLOR OR 7. SINGLE, MARRIED,
 RACE: WIDOWED, DIVORCED,
 (Specify)

8. DATE OF BIRTH:

Jan. 9-1887

9. AGE last birthday

69 yrs.

IF UNDER 1 YEAR

Months Days

IF UNDER 24 HRS.

Hours Min.

10A. USUAL OCCUPATION (Give kind of
 work done during most of working life,
 even if retired): Farmer10B. KIND OF BUSINESS
 OR INDUSTRY:11. BIRTHPLACE (State or foreign country): Harford Co. Md.12. CITIZEN OF WHAT
 COUNTRY? U.S.A.

13. FATHER'S NAME:

William T. Ellis

14. MOTHER'S MAIDEN NAME:

Alice R. White

15. SOCIAL SECURITY NO.

179-09-644

16. INFORMANT & ADDRESS:

Mystle Ellis, Whiteford, Md.INTERVAL BETWEEN
 ONSET AND DEATHabout 5 mrs.

17. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE

(A) Internal hemorrhage
 DUE TO rupture of liver

(B) Internal hemorrhage
 DUE TO rupture of liver

(C) Internal hemorrhage
 DUE TO rupture of liver

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING
 TO THE DEATH BUT NOT RELATED TO THE
 DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?
 YES NO 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH
 (IF EITHER, NOTIFY MEDICAL EXAMINER)21B. PLACE (Home, farm, factory,
 OF INJURY street, office bldg., etc.)21C. WHERE DID (City or town) (County) (State)
 INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
 OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

M. While Not while
 at work at work

22. I hereby certify that I attended the deceased from Dec. 19, 1955 to Jan. 25, 1956 that I last saw the deceased
 alive on Dec. 25, 1955 and that death occurred at 3:30 AM, from the causes and on the date stated above.
 SIGNATURE John H. Hartman ADDRESS 207 DATE SIGNED Jan. 27, 1956

23. BURIAL, CREMATION,
 REMOVAL (SPECIFY)

DATE THEREOF

NAME OF CEMETERY OR CREMATORIUM

LOCATION (City, town, or county) (State)

DATE REC'D BY LOCAL
 REGISTRAR

REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR

ADDRESS

1-28-56Frances FowoodJohn H. Hartman, Delta, Pa.

BUREAU Y. S.

FEB 1 1956

RECEIVED

669

CERTIFICATE OF DEATH

Reg. Dist. No. 182

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within 24 hours after death.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be retained for burial or transit permit.

VS AISC 155 10A

1. PLACE OF DEATH		2. USUAL RESIDENCE (HOME) OF DECEASED	
COUNTY <i>Hertford</i> CITY (If outside corporate limits, write RURAL OR end give nearest town) TOWN <i>Poplar Grove</i> HOSPITAL OR INSTITUTION OR STREET ADDRESS <i>00</i>		MARYLAND LENGTH OF STAY (in this place) <i>5 mo</i> STATE <i>Md</i> CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN <i>Poplar Grove, Street Rd</i> STREET ADDRESS <i>(If rural give location)</i>	
3. NAME OF DECEASED (Type or Print)		4. DATE (Month) (Day) (Year)	
<i>Arabella (Clarade) Everett</i>		4. DATE (Month) (Day) (Year)	
5. SEX <i>F</i>	6. COLOR OR RACE <i>W</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <i>Widow</i>	8. DATE OF BIRTH <i>Dec 21 1887</i>
9. AGE last birthday <i>68</i> yrs.	10. KIND OF BUSINESS OR INDUSTRY <i>Housewife</i>	11. BIRTHPLACE (State or foreign country) <i>Pilot. Va</i>	12. CITIZEN OF WHAT COUNTRY? <i>USA</i>
13. FATHER'S NAME <i>Watson Hall</i>	14. MOTHER'S MAIDEN NAME <i>Nancy Everett</i>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? <i>No</i>	16. SOCIAL SECURITY NO. <i>1</i>	17. INFORMANT & ADDRESS <i>Everett Everett</i>	
18. MEDICAL CERTIFICATION			
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH <i>420.1 IMMEDIATE CAUSE (A) CARDIO-RESPIRATORY FAILURE</i>		INTERVAL BETWEEN ONSET AND DEATH <i>24 hours</i>	
ANTECEDENT CAUSE(S) DUE TO DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. <i>(B) ACUTE CORONARY OCCLUSION</i>		45 hours	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.			
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH <input type="checkbox"/> (IF EITHER, NOTIFY MEDICAL EXAMINER)	21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (City or town) <i>—</i> (County) <i>—</i> (State) <i>—</i>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <i>—</i>	21e. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <i>—</i>	
22. I hereby certify that I attended the deceased from 19 53, to 10 AM 19 56, that I last saw the deceased alive on 10 AM 19 56, and that death occurred at 11 AM, from the causes and on the date stated above. SIGNATURE <i>H. Everett</i> M. D. ADDRESS (Street, city, town, state) <i>Belvoir Rd</i> DATE SIGNED <i>11 Jan 56</i>			
23. BURIAL, CREMATION, REMOVAL (SPECIFY) <i>Burial</i>	DATE THEREOF <i>Jan 13 56</i>	NAME OF CEMETERY OR CREMATORIAL <i>Centre</i>	LOCATION (City, town, or county) <i>Forest Hill</i> (State) <i>Md</i>
24. REC'D BY REGISTRAR	REGISTRAR'S SIGNATURE <i>Wilma Toward</i>	25. FUNERAL DIRECTOR'S SIGNATURE <i>Walter R. Knutson</i> ADDRESS <i>1001 Forest Hill</i>	
DATE <i>1-14-56</i>			

RECEIVED
JAN 17 1966

BUREAU V

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 1835

1. PLACE OF DEATH:

COUNTY *Harford*

MARYLAND

CITY (If outside corporate limits, write RURAL
OR and give nearest town)
TOWN *Havre de Grace*LENGTH OF STAY
(in this place)
*0 - 000*HOSPITAL OR
INSTITUTION OR
STREET ADDRESS*Harford Memorial Hospital*2. NAME OF
DECEASED:
(Type or Print)

(First)

(Middle)

(Last)

VIVIAN Page Evans

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE *MD*COUNTY *HARFORD*CITY (If outside corporate limits write RURAL and give nearest town)
OR
TOWN *Rural Havre de Grace*STREET
ADDRESS

(If rural, give location)

*WEBSTER ROAD*4. DATE
(Month) (Day) (Year)
OF
DEATH *January 20 1956*

5. SEX:

*MALE*6. COLOR OR
RACE:*WHITE*7. SINGLE, MARRIED,
WIDOWED, DIVORCED,
(Specify) *MARRIED*

8. DATE OF BIRTH:

JUNE 27 1894

9. AGE last birthday:

*61*IF UNDER 1 YEAR
Months *0* Days *0* Hours *0* Min. *0*

yrs.

10a. USUAL OCCUPATION (Give kind of
work done during most of work life,
even if retired): *Hospital Aid V.A. Hospital*10b. KIND OF BUSINESS OR
INDUSTRY: *N.C.*11. BIRTHPLACE (State or foreign country): *N.C.*12. CITIZEN OF WHAT
COUNTRY? *U.S.A.*

13. FATHER'S NAME:

JAMES J. Evans

14. MOTHER'S MAIDEN NAME:

*GENEVRA POLK*15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) *YES*16. SOCIAL SECURITY NO.: *214-26-7602*17. INFORMANT & ADDRESS: *720 COMMERCIAL ST. JOHN M. EVANS HAVRE DE GRACE MD.*

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Heart(a)
DUE TO*Coronary occlusion*INTERVAL BETWEEN
ONSET AND DEATH

Immediate cause

Antecedent cause(s)

Diseases or conditions, if any, (b)
giving rise to the above cause DUE TO
stating underlying cause last (c)II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING
TO THE DEATH BUT NOT RELATED TO THE
DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:

19b. MAJOR FINDING OF OPERATION:

20. AUTOPSY?

Yes No 21a. EXTERNAL CAUSE WAS
PRIMARY or CONTRIBUTING OF
CAUSE OF DEATH. INJURY21b. PLACE (Home, farm, factory,
street, office bldg., etc.,
INJURY)

21c. (City or town) (County)

(State)

21d. TIME (Month) (Day) (Year) (Hour)
OF
INJURY21e. INJURY OCCURRED
While at Not while
work at work

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy , Inspection , Inquiry , and
find that death resulted from: Natural causes , Accident , Suicide , Homicide , Undetermined cause .

SIGNATURE

*Levell C Palmer*CHIEF MEDICAL EXAMINER
DEPUTY MEDICAL EXAMINER
M. D. ASSISTANT MEDICAL EXAM. DATE SIGNED*1/20/56*23. BURIAL, CREMATION,
REMOVAL (Specify): *BURIAL*DATE REC'D BY LOCAL
REG.DATE THEREOF
REG.

REG.

NAME OF CEMETERY OR CREMATORIUM
MT. ZION

REG.

REG.

REG.

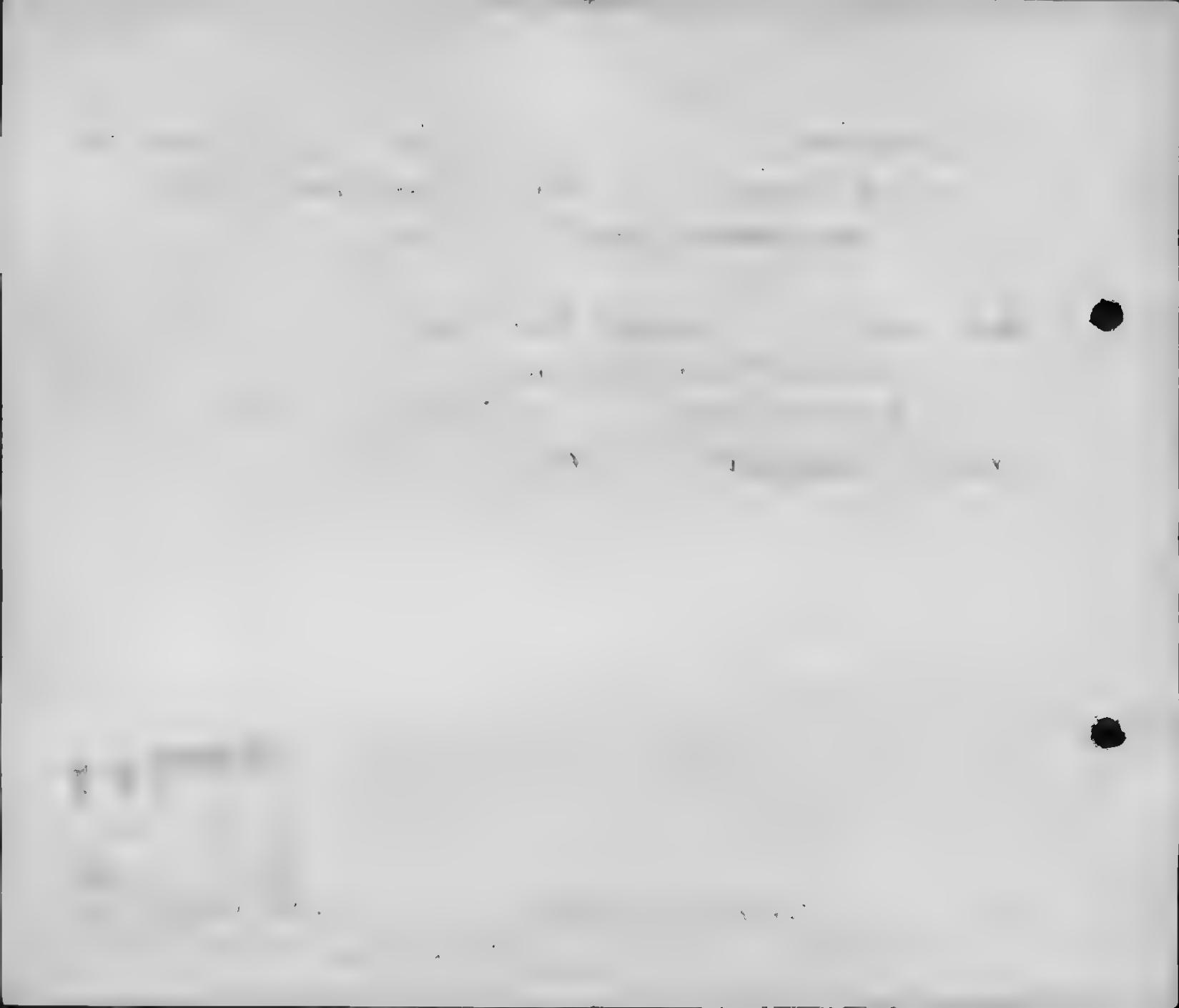
LOCATION (City, town, or county) (State)

*HARFORD Co.**M.D.**M.D.*24. FUNERAL DIRECTOR
P. MADISON

REG.

ADDRESS

*Michael Harford Grace**M.D.*



INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL The law requires that the death certificate be executed within 24 hours after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

00640

Item 21 Film Q192 2-2-56

CERTIFICATE OF DEATH

Reg. Dist. No. 185

642

1. PLACE OF DEATH HARFORD		2. USUAL RESIDENCE (HOME) OF DECEASED Md. HARFORD	
CITY (If outside corporate limits, write RURAL and give nearest town) 24 HARVE de GRACE		LENGTH OF STAY (In this place) 27 DAYS	
TOWN HARFORD		CITY (If outside corporate limits, write RURAL and give nearest town) Whiteford	
HOSPITAL OR INSTITUTION OR STREET ADDRESS HARFORD Mem. Hosp.		STREET ADDRESS (If rural give location)	
3. NAME OF DECEASED (First) Valley (Middle) May (Last) Fizer		4. DATE (Month) (Day) (Year) JAN. 17, 1956	
5. SEX F	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) WIDOWED	8. DATE OF BIRTH 1/1/25 / 1889
9. AGE last birthday 66 yrs.		10. IF UNDER 1 YEAR Months Days	
11. IF UNDER 24 HRS. Hours Min.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired - Housewife		11. BIRTHPLACE (State or foreign country) West VA.	
13. FATHER'S NAME Avord Keese		14. MOTHER'S MAIDEN NAME	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) No		16. SOCIAL SECURITY NO. —	
17. INFORMANT & ADDRESS Howard Fizer - Whiteford, Md.		18. MEDICAL CERTIFICATION	
IMMEDIATE CAUSE (A) Pneumonia + Malnutrition		INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSE(S) DUE TO DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST, DUE TO (C) FRACTURED HIPS - De-nibbed ulcers			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.			
19a. DATE OF OPERATION No		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT WAS UNDERLYING CAUSE OF DEATH (If either, NOTIFY MEDICAL EXAMINER) No		21b. PLACE (Home, farm, leictory, of INJURY street, office, bldg., etc.) Home	
21c. WHERE DID INJURY OCCUR? (City or town) Whiteford (County) Harf. (State) Md.		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 10-19-55 M. While at work <input type="checkbox"/> Not while at work <input checked="" type="checkbox"/>	
21e. INJURY OCCURRED Slipped while going to bathroom		21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 1/12-1/12, 1955 to 1/17, 1956 , that I last saw the deceased alive on 1/17, 1956 , and that death occurred at 1:45 A.M. from the causes and on the date stated above.			
SIGNATURE John K. Brender		ADDRESS Havre de Grace, Md. 1-18-56	
23. BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL		DATE THEREOF 1/20/56 NAME OF CEMETERY OR CREMATORIAL Delta Ridge M. D.	
24. REC'D BY REGISTRAR Jan. 20-1956		REGISTRAR'S SIGNATURE G. L. Lewis m. d.	
DATE Jan. 20-1956		25. FUNERAL DIRECTOR'S SIGNATURE John H. Hartness Delta, Pa.	



INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL The law requires that the death certificate be executed within 24 hours after death.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS AISC 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

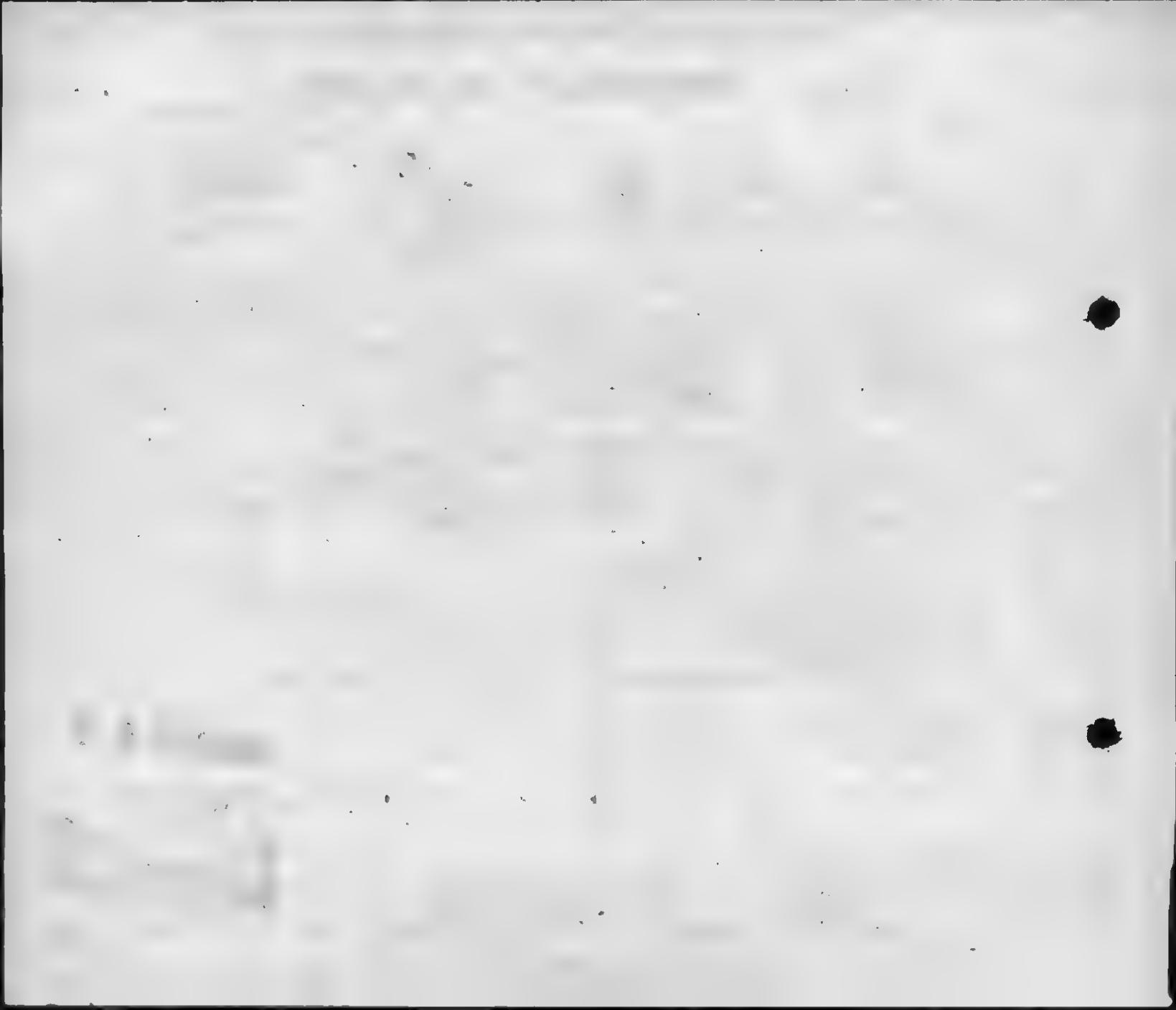
00641

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH		2. USUAL RESIDENCE (HOME) OF DECEASED	
COUNTY CITY (If outside corporate limits, write RURAL OR TOWN HOSPITAL OR INSTITUTION OR STREET ADDRESS	MARYLAND LENGTH OF STAY (In this place) 2 days	STATE CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN STREET ADDRESS	COUNTY Baltimore (If rural, give location) 31 3037 E Baltimore St.
3. NAME OF DECEASED (First) Howell (Middle) Fuller (Last)		4. DATE (Month) (Day) (Year) OF DEATH Jan. 10 1956	
5. SEX Male	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married	8. DATE OF BIRTH 1804 01
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) mechanic		10b. KIND OF BUSINESS OR INDUSTRY John D. Martin	9. AGE last birthday yrs. 12 months Days Hours Min.
13. FATHER'S NAME Edward A. Fuller		11. BIRTHPLACE (State or foreign country) Ohio	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.)		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
16. SOCIAL SECURITY NO.		14. MOTHER'S MAIDEN NAME Mary L. Watson	
17. INFORMANT & ADDRESS		18. MEDICAL CERTIFICATION	
18. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.		19. IMMEDIATE CAUSE (A) Fracture skull ANTECEDENT CAUSE(S) DUE TO DISEASES OR CONDITIONS, IF ANY, (B) GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C)	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21. WHERE DID INJURY OCCUR? (City or town) (County) Foliston 77501 Md.	
21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (If either, NOTIFY MEDICAL EXAMINER)		21b. PLACE (Home, farm, factory, OF INJURY (airplane, office bldg., etc.) Harford	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 1/8/56 1:20 P.M.		21e. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> at work <input checked="" type="checkbox"/> Auto accident - auto - auto type	
22. I hereby certify that I attended the deceased from January 8, 1956, to January 10, 1956, that I last saw the deceased alive on January 10, 1956, and that death occurred at 8:55 A.M. from the causes and on the date stated above. SIGNATURE Gerald C. Palmer		23. BURIAL, CREMATION, REMOVAL (SPECIES) Burial	
24. REC'D BY REGISTRAR DATE 1956		DATE THEREOF Jan 13/56	NAME OF CEMETERY OR CREMATORIUM Oaklawn Cemetery
REGISTRAR'S SIGNATURE Dr. A. L. Lewis		LOCATION (City, town, or county) Baltimore County	
25. FUNERAL DIRECTOR'S SIGNATURE John M. Peter 4015 Charles St.		ADDRESS	

RECEIVED
FEBRUARY 17 1968



INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within 24 hours after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

670

CERTIFICATE OF DEATH

00643

180

Reg. Dist. No.

1. PLACE OF DEATH		2. USUAL RESIDENCE (HOME) OF DECEASED	
COUNTY CITY (If outside corporate limits, write RURAL OR end give nearest town) TOWN	Harford Magnolia	MARYLAND LENGTH OF STAY (In this place) Lifetime	STATE Maryland COUNTY Harford CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Magnolia STREET ADDRESS (If rural give location)
3. NAME OF DECEASED (Type or Print)		4. DATE OF DEATH	
(First) Jerry A. Gilbert		(Month) Jan. (Day) 16 (Year) 19 56	
S. SEX male	6. COLOR OR RACE colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) widowed	8. DATE OF BIRTH Dec. 24, 1885
9. AGE last birthday 70 yrs.	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if Stationary Fireman	11. BIRTHPLACE (State or foreign country) U.S. Govt., Magnolia, Maryland	12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME William Gilbert		14. MOTHER'S M AIDEN NAME Unknown	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) no		16. SOCIAL SECURITY NO. 213-16-01309 A	
17. INFORMANT & ADDRESS Annie Harris, Magnolia, Md.		18. MEDICAL CERTIFICATION Cerebral Hemorrhage INTERVAL BETWEEN ONSET AND DEATH 5 days	
4. IMMEDIATE CAUSE (A) Cerebral Hemorrhage ANTECEDENT CAUSE(S) DUE TO DISEASES OR CONDITIONS, IF ANY, (B) GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C) Hypertensive Cardiovascular disease		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.		?	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)	
21c. WHERE DID INJURY OCCUR? (City or town) (County)		(State)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED M. While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>	
		21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 1/11, 19 56, to 1/15, 19 56, that I last saw the deceased alive on 1/15, 19 56, and that death occurred at 5:00 A.M. from the causes and on the date stated above.			
SIGNATURE George J. Stansbury, M.D.		ADDRESS (Street, city, town, state) 569 Revolution St. Houg de Grace, Md.	
DATE SIGNED 1/16/56			
23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial		DATE THEREOF Jan. 19, 1956	
NAME OF CEMETERY OR CREMATORIUM Magnolia Methodist		LOCATION (City, town, or county) Magnolia, Harford, Md.	
24. REC'D BY REGISTRAR DATE Jan. 18, 1956		REGISTRAR'S SIGNATURE Norma G. Moore	
		25. FUNERAL DIRECTOR'S SIGNATURE Howard K. McComas & Son, Abingdon, Md.	
		ADDRESS 1201 N. Market St., Abingdon, Md.	

BUREAU Y. S.

JAN 19 1956

RECEIVED

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within 24 hours after death.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C-155 10M

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

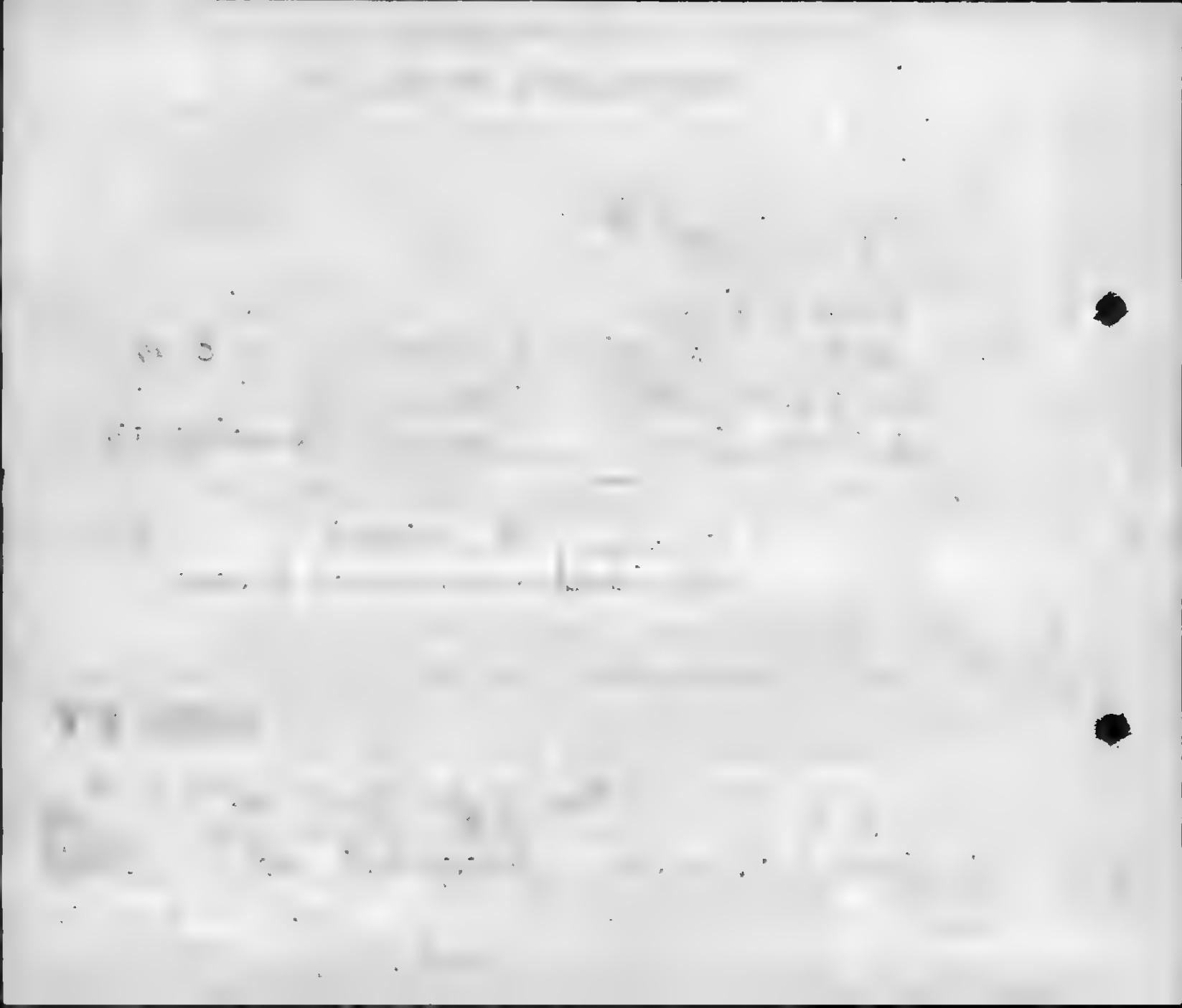
00644

CERTIFICATE OF DEATH

Item 9, Film G192 2-15-56 et

Reg. Dist. No. 182

1. PLACE OF DEATH		2. USUAL RESIDENCE (HOME) OF DECEASED	
COUNTY CITY (If outside corporate limits, write RURAL OR TOWN HOSPITAL OR INSTITUTION OR STREET ADDRESS	MARYLAND LENGTH OF STAY (In this place)	STATE CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN STREET ADDRESS	COUNTY Harford (If rural give location)
3. NAME OF DECEASED (Type or Print) John W. Grant		4. DATE (Month) (Day) (Year) Jan 31 1956	
5. SEX Male	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) widowed	8. DATE OF BIRTH Jan 14 th 1888
10e. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Tent-Station Master		10b. KIND OF BUSINESS OR INDUSTRY Retired	9. AGE last birthday 61 68 yrs.
11. BIRTHPLACE (State or foreign country) Upper & Roads		12. CITIZEN OF WHAT COUNTRY? U.S.A	
13. FATHER'S NAME William Grant		14. MOTHER'S MAIDEN NAME Margaret Cunningham	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) No		16. SOCIAL SECURITY NO.	
17. INFORMANT & ADDRESS Mrs Catherine Main Ballin		18. MEDICAL CERTIFICATION Coronary Thrombosis chr Cardio-vascular disease	
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH 420.1 IMMEDIATE CAUSE (A) Coronary Thrombosis ANTECEDENT CAUSE(S) DUE TO DISEASES OR CONDITIONS, IF ANY, (B) giving rise to the above cause STATING UNDERLYING CAUSE LAST. DUE TO (C)			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)	
21e. INJURY OCCURRED M. at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>May 1 1956</u> to <u>Jan 31 1956</u> , that I last saw the deceased alive on <u>1-30-56</u> 19 <u>56</u> , and that death occurred at <u>3:45 P.M.</u> from the causes and on the date stated above. SIGNATURE <u>Willard P. Hudson</u> M.D. ADDRESS (Street, city, town, state) <u>Forest Hill, Md.</u> DATE SIGNED <u>2-1-56</u>			
23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial		DATE THEREOF Feb 2-56	NAME OF CEMETERY OR CREMATORIAL St. John's
24. REC'D BY REGISTRAR		LOCATION (City, town, or county) Hyde, Baltimore, Md.	
DATE 2-3-56		REGISTRAR'S SIGNATURE Priscilla Foword	
		25. FUNERAL DIRECTOR'S SIGNATURE Martin G. Kutz, Janesville, Md.	



INSTRUCTIONS

TO ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

00645

CERTIFICATE OF DEATH

Reg. Dist. No. 185

SA7

1. PLACE OF DEATH		2. USUAL RESIDENCE (HOME) OF DECEASED	
COUNTY HARFORD CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN HAURE DE GRACE		LENGTH OF STAY (in this place) 21 HRS STREET ADDRESS 561 GREEN	
HOSPITAL OR INSTITUTION OR STREET ADDRESS HARFORD MEMORIAL Hosp.		STATE MARYLAND COUNTY HARFORD CITY (If outside corporate limits, write RURAL and give nearest town) TOWN HAURE DE GRACE (If rural give location)	
3. NAME OF DECEASED (Type or Print) Edward FRANK HANSELL		4. DATE (Month) JANUARY (Day) 1 (Year) 1956 OF DEATH	
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) MARRIED	8. DATE OF BIRTH July 22, 1890 9. AGE last birthday 65 yrs. Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired STOREkeeper - SAWMILL Shop		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Virginia
13. FATHER'S NAME JOSEPH HANSELL		14. MOTHER'S/MAIDEN NAME CATHERINE STOVER	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) —		16. SOCIAL SECURITY NO. 217-03-0984	17. INFORMANT & ADDRESS VIRGINIA A HANSELL HAURE DE GRACE
18. MEDICAL/CERTIFICATION I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH. IMMEDIATE CAUSE (A) Arteriosclerotic Cardi- ANTECEDENT CAUSE(S) DUE TO (B) Fuscular Hypertension Disease, DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C) Coronary Thrombosis INTERVAL BETWEEN ONSET AND DEATH			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)	
21d. TIME OF INJURY (Month) Dec (Day) 11 (Year) 1956 (Hour)		21e. INJURY OCCURRED M. <input type="checkbox"/> at work N. <input type="checkbox"/> not while at work	
21f. WHERE DID INJURY OCCUR? (City or town) 111 (County) Baltimore (State) Md		21i. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 11/1/1956 to 11/1/1956 , that I last saw the deceased alive on 11/1/1956 , and that death occurred at 11:15 P.M. from the causes and on the date stated above. SIGNATURE Charles J Foley M.D. ADDRESS 111 W. Pratt St. Baltimore, Md. DATE SIGNED 1/1/57			
23. BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL		DATE THEREOF 1-4-1956	NAME OF CEMETERY OR CREMATORIAL ANGEL HILL CEM. HAURE DE GRACE, Md. LOCATION (City, town, or county) HAURE DE GRACE, Md. (State)
24. REC'D BY REGISTRAR John J. Lewis M.D. DATE Jan. 3, 1956		REGISTRAR'S SIGNATURE A. J. Lewis M.D.	25. FUNERAL DIRECTOR'S SIGNATURE R. Madisen Mitchell HAURE DE GRACE, Md. ADDRESS

2. 1821.52 m.

anterior to collar of 4.9

2. 1821.

anterior to collar of 4.9

AN 4

672

CERTIFICATE OF DEATH

Reg. Dist. No. 182

1. PLACE OF DEATH:

COUNTY HARFORD

CITY (If outside corporate limits, write RURAL
OR and give nearest town)

TOWN RURAL-STREET

MARYLAND

LENGTH OF STAY
(in this place)

22 yrs.

HOSPITAL OR
INSTITUTION OR
STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE MD.

COUNTY HARFORD

CITY (If outside corporate limits, write RURAL and give nearest town)
OR

TOWN

Rural — Street

(If rural give location)

3. NAME OF
DECEASED:
(Type or Print)

Edgar Routzahn Hauver

(Middle)

(Last)

5. SEX M

6. COLOR OR
RACE: W7. SINGLE, MARRIED,
WIDOWED, DIVORCED.
Specify: Married

8. DATE OF BIRTH:

Sept 19, 1887

4. DATE (Month)
OF
DEATH: JAN. 17, 19569. AGE last birthday
IF UNDER 1 YEAR
68 yrs.
Months Days Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life,
even if retired): Teacher10B. KIND OF BUSINESS
OR INDUSTRY: Public Schools11. BIRTHPLACE (State or foreign country): 12. CITIZEN OF WHAT
COUNTRY: Myersville, Md. U.S.A.

13. FATHER'S NAME:

Thaddeus Hauver

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unk.) (If Yes, give war or dates
of service) yes

16. SOCIAL SECURITY NO.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

X

IMMEDIATE CAUSE

(A) DUE TO

Cerebral Hemorrhage

INTERVAL BETWEEN
ONSET AND DEATH

5 mo.

ANTECEDENT CAUSE (S)

(B) DUE TO

DISEASES OR CONDITIONS, IF ANY,
GIVING RISE TO THE ABOVE CAUSE
STATING UNDERLYING CAUSE LAST.Arteriosclerotic cerebro-vascular renal
disease

4 yrs.

(C)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING
TO THE DEATH BUT NOT RELATED TO THE
DISEASE OR CONDITION CAUSING DEATH.

Congestive Heart Failure 2 wks.

19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES NO 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH
(IF EITHER, NOTIFY MEDICAL EXAMINER)21B. PLACE (Home, farm, factory,
OF INJURY street, office bldg., etc.)21C. WHERE DID (City or town)
INJURY OCCUR? (County) (State)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY M.21E. INJURY OCCURRED
While Not while
at work at work

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 5, 1951, to Jan. 17, 1956, that I last saw the deceased
alive on Jan. 16, 1956, and that death occurred at 1:30 A.M. from the causes and on the date stated above.
SIGNATURE: Charles A. Daff ADDRESS: M.D. DATE SIGNED: Jan. 18, 195623. BURIAL, CREMATION,
REMOVAL (SPECIFY)

BURIAL

DATE THEREOF

NAME OF CEMETERY OR CREMATORI

LOCATION (City, town, or county) (State)

DATE REC'D BY LOCAL
REGISTRAR: 1-19-56

REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR

ADDRESS

Pascilla Lowwood

John H. Hartman, Delta, Pa.



INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within 24 hours after death. After this bottom copy may be rendered by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10A

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

843

CERTIFICATE OF DEATH

00647

Reg. Dist. No. 185

1. PLACE OF DEATH		2. USUAL RESIDENCE (HOME) OF DECEASED	
COUNTY HARFORD CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN Havre de Grace		MARYLAND LENGTH OF STAY (In this place) 4 days	
HOSPITAL OR INSTITUTION OR STREET ADDRESS Harfard Memorial Hosp.		STATE Maryland COUNTY HARFORD CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Aldine STREET ADDRESS RD 2 (If rural give location) Aberdeen, Md	
3. NAME OF DECEASED (First) Charles (Middle) — (Last) Herpel		4. DATE (Month) January (Day) 5 (Year) 1956	
5. SEX M	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH Jan 1st. 1880
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired laborer.		10b. KIND OF BUSINESS OR INDUSTRY Tay Laborer.	11. BIRTHPLACE (State or foreign country) Maryland.
13. FATHER'S NAME Unknown.		14. MOTHER'S MASTERN NAME Unknown.	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)		16. SOCIAL SECURITY NO. —	
17. INFORMANT & ADDRESS Marie Presmer, 272 Aberdeen Rd.		18. MEDICAL CERTIFICATION	
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH 177X IMMEDIATE CAUSE (A) Cervical Prostate ANTECEDENT CAUSE(S) DUE TO Small Cervical Prostomatosis DISEASES OR CONDITIONS, IF ANY, (B) GIVING RISE TO THE ABOVE CAUSE DUE TO Cholangia. STATING UNDERLYING CAUSE LAST. (C)		INTERVAL BETWEEN ONSET AND DEATH	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (If either, NOTIFY MEDICAL EXAMINER)		21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)	
21c. WHERE DID INJURY OCCUR? (City or town) — (County) — (State) —		21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	
21e. INJURY OCCURRED M. While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Jan 1, 1956 to Jan 5, 1956 , that I last saw the deceased alive on 1/5/1956 , and that death occurred at 2:10 P.M. from the causes and on the date stated above. SIGNATURE Charles J. Herpel M.D. ADDRESS 172 Aberdeen Rd. DATE SIGNED 1/5/1956			
23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial		DATE THEREOF Jan 8-1956 NAME OF CEMETERY OR CREMATORIAL Churchville Presbyterian LOCATION (City, town, or county) Churchville Maryland. (State)	
24. REC'D BY REGISTRAR		REGISTRAR'S SIGNATURE L Lewis M.D. 25. FUNERAL DIRECTOR'S SIGNATURE John G. Barron Aberdeen ADDRESS	
DATE Jan. 9-1956			



INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within 24 hours after death.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate should be retained for assembly in the funeral director's office as a burial transit permit.

VS AISC 1455 10A

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

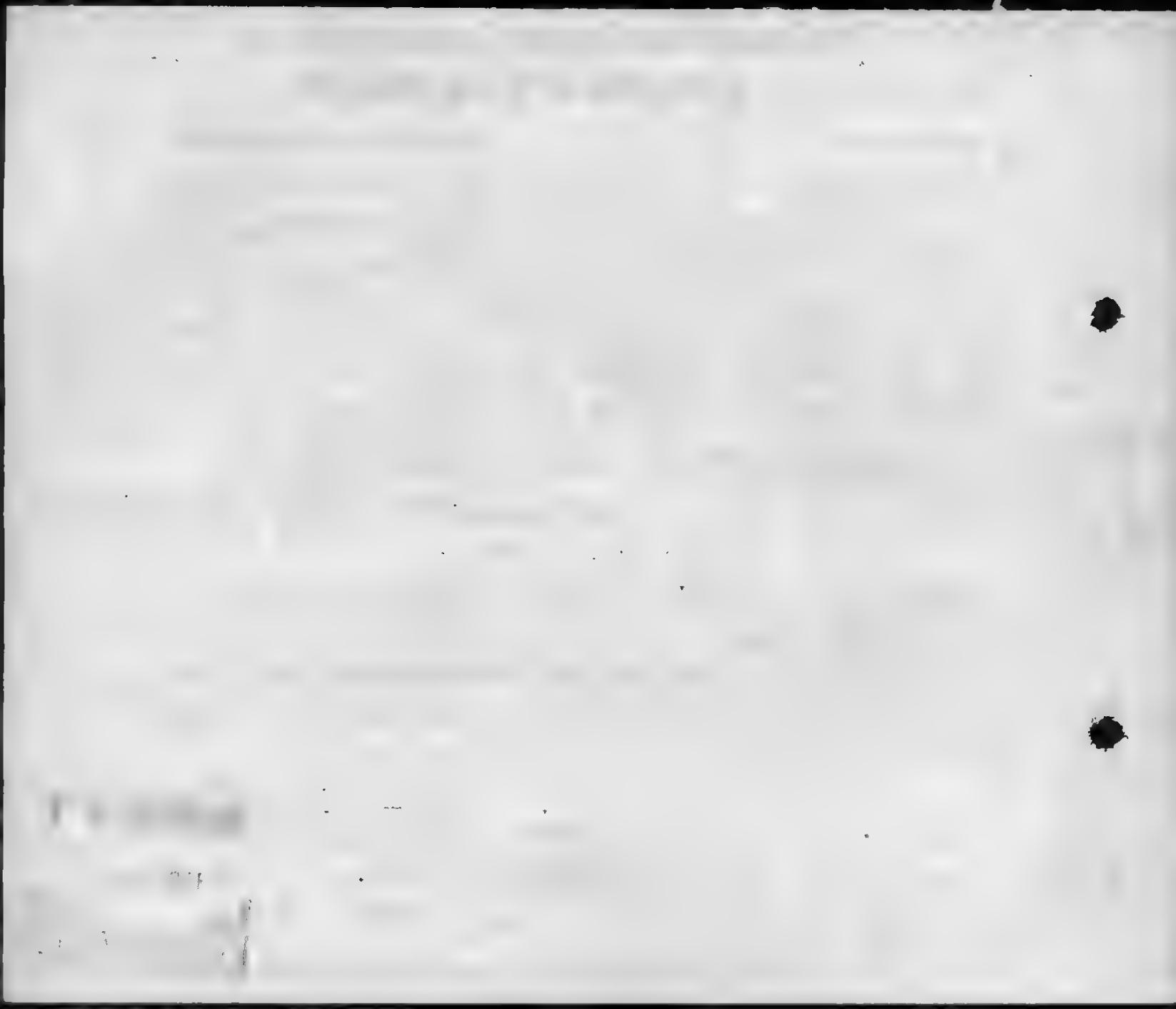
01829

CERTIFICATE OF DEATH

Reg. Dist. No. 18.02

673

1. PLACE OF DEATH		2. USUAL RESIDENCE (HOME) OF DECEASED				
COUNTY CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN	HARFORD Bel Air Rural	MARYLAND LENGTH OF STAY (in this place)	STATE Maryland, COUNTY HARFORD CITY (If outside corporate limits, write RURAL and give nearest town) TOWN			
HOSPITAL OR INSTITUTION OR STREET ADDRESS	HARFORD CONV. HOME.		STREET ADDRESS (If rural give location)			
3. NAME OF DECEASED (Type or Print)	(First) ELLA	(Middle) J.	(Last) HOPKINS			
4. DATE OF DEATH	(Month) Jan	(Day) 30	(Year) 1956			
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed	8. DATE OF BIRTH			
F	Wh	9. AGE last birthday IF UNDER 1 YEAR Yrs. Months	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY Home.	11. BIRTHPLACE (State or foreign country) Maryland	12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME	Henry Preston		14. MOTHER'S MAIDEN NAME unknown			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) No	16. SOCIAL SECURITY NO.		17. INFORMANT & ADDRESS Virginia M. Goetz - aberdeen md.			
II DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH				18. MEDICAL CERTIFICATION		
IMMEDIATE CAUSE ANTECEDENT CAUSE(S)		(A) DUE TO (B) DUE TO (C) DUE TO		Acute cerebral hemorrhage Chr. cardio-vascular disease		INTERVAL BETWEEN ONSET AND DEATH ?
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.						?
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.						
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (If either, NOTIFY MEDICAL EXAMINER)	21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)			
21d. TIME OF INJURY (Month) Jan (Year) 1956 (Hour) M. at work	21e. INJURY OCCURRED White <input type="checkbox"/> Not white <input type="checkbox"/> at work <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from Feb. 5, 1956, to Jan. 30, 1956, that I last saw the deceased alive on Jan. 29, 1956, and that death occurred at M, from the causes and on the date stated above SIGNATURE Willard P. Hudson ADDRESS Forest Hill, Md. DATE SIGNED Jan. 31, 1956						
23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial	DATE THEREOF 2/3/56	NAME OF CEMETERY OR CREMATORI Wesleyan Chapel Cemetery	LOCATION (City, town, or county) Jan. 31, 1956 (State)			
24. REC'D BY REGISTRAR DATE 2-7-56	REGISTRAR'S SIGNATURE Priscilla L. Lovwood	25. FUNERAL DIRECTOR'S SIGNATURE John G. Farwig	ADDRESS Aberdeen Md.			



INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within 24 hours after death.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10A

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

00648

649

CERTIFICATE OF DEATH

Reg. Dist. No. 185

1. PLACE OF DEATH		2. USUAL RESIDENCE (HOME) OF DECEASED	
COUNTY CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN	MARYLAND LENGTH OF STAY (in this place)	STATE CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN	COUNTY STREET ADDRESS (If rural give location)
24 Harford 24 Harde-Grace	7 hrs.	Maryland DARLINGTON	Harford
HOSPITAL OR INSTITUTION OR STREET ADDRESS	Harford Memorial Hospital		
3. NAME OF DECEASED (First) (Middle) (Last)	Mary James.		
4. DATE OF DEATH	1 - 15 1956		
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH
Female white		MARRIED March 17, 1952	73
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife at home		Maryland	U.S.A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME		
Richard Smith	Cassandra Bird		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.)	16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS	INTERVAL BETWEEN ONSET AND DEATH
Yes	16	Richard Smith	10a. 15 to 15
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH			
IMMEDIATE CAUSE (A)	Cerebral Hemorrhage		
ANTECEDENT CAUSE(S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST, DUE TO (B)	Cardio-Respiratory Hyper Tension Disease Cerebral Hemorrhage		
(C)			
II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.			
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		
21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (If either, NOTIFY MEDICAL EXAMINER)	21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)	21c. WHERE DID INJURY OCCUR (City or town)	(County) (State)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED While M. at work	21f. HOW DID INJURY OCCUR?	
Not while at work			
22. I hereby certify that I attended the deceased from Jan 15, 1956, to Jan 15, 1956, that I last saw the deceased alive on Jan 15, 1956, and that death occurred at 9:45 A.M. from the causes and on the date stated above. SIGNATURE			
ADDRESS (Street, city, town, state) DATE SIGNED 1500 15th Street, N.W. 1/15/56			
23. BURIAL, CREMATION, REMOVAL (SPECIFY)	DATE THEREOF	NAME OF CEMETERY OR CREMATORIAL	LOCATION (City, town, or county) (State)
Burial	Jan 18, 1956	Mount Olivet Cemetery	Harford Co., Md.
24. REC'D BY REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS
DATE	Jan 24, 1956	Lewis M. Baile	Harford Co., Md.

1950 9 1

2A

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: This law requires that the death certificate be executed within 24 hours after death. The bottom copy may be rendered by the hospital or attending physician.

TO FUNERAL DIRECTOR: This law requires that the death certificate be filed with the registrar within 24 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate, assuming it should be retained for use as a burial transit permit, will be retained for use as a burial transit permit.

VS AISC 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

00649

650

CERTIFICATE OF DEATH

Reg. Dist. No. 185

1. PLACE OF DEATH		2. USUAL RESIDENCE (HOME) OF DECEASED	
COUNTY	HARFORD	STATE	MD.
CITY (If outside corporate limits, write RURAL OR and give nearest town)	MARYLAND	CITY (If outside corporate limits, write RURAL and give nearest town)	HARFORD
TOWN	HAVRE DE GRACE	TOWN	HAVRE DE GRACE
HOSPITAL OR INSTITUTION OR STREET ADDRESS	735 ONTARIO ST.	STREET ADDRESS	735 ONTARIO ST.
3. NAME OF DECEASED (Type or Print)		4. DATE OF DEATH	
(First) MARY		(Middle) ETTE	
(Last) GIBSON		JAN 11 1956	
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH
FEMALE	WHITE	WIDOWED	FEB. 8, 1872
9. AGE last birthday	10. IF UNDER 1 YEAR	11. IF UNDER 24 HRS.	
83 yrs.	Months	Days	
10e. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
HOUSEWIFE	HOME	MD	U.S.A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME		
JAMES GIBSON	ANNIE E. CALL WELL		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.)	16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS	
—	—	MRS. W. S. JOHNSON	
18. MEDICAL CERTIFICATION			
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH			
IMMEDIATE CAUSE (A) Senile Debility			
ANTECEDENT CAUSE(S) DUE TO			
DISEASES OR CONDITIONS, IF ANY, (B) Senile Debility			
GIVING RISE TO THE ABOVE CAUSE			
STATING UNDERLYING CAUSE LAST. DUE TO			
Cerebro Vascular Disease (C) Senile Debility			
II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.			
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)	21c. WHERE DID INJURY OCCUR? (City or town)	(County) (State)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED M. While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 8/4/1956, to 1-10-56, that I last saw the deceased alive on 1-10-56, and that death occurred at 1:58 P.M., from the causes and on the date stated above. SIGNATURE			
ADDRESS (Street, city, town, state)			
DATE SIGNED 1-10-56			
23. BURIAL, CREMATION, REMOVAL (SPECIFY)	DATE THEREOF	NAME OF CEMETERY OR CREMATORIUM	LOCATION (City, town, or county)
BURIAL	JAN. 14 1956	ANGEL HILL CEM HAVRE DE GRACE, MD.	(State)
24. REC'D BY REGISTRAR	REGISTRAR'S SIGNATURE		25. FUNERAL DIRECTOR'S SIGNATURE
DATE Jan. 12-1956 - C. L. Lewis M.	P. MADISON MITCHELL HAVRE DE GRACE, MD.		ADDRESS

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within 24 hours after death.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the register within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate amenable should be detached for use as a burial transit permit.

VS ATTC 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

00650

CERTIFICATE OF DEATH

Reg. Dist. No. 185-

1. PLACE OF DEATH		2. USUAL RESIDENCE (HOME) OF DECEASED	
COUNTY CITY (If outside corporate limits, write RURAL OR TOWN HOSPITAL OR INSTITUTION OR STREET ADDRESS	Harford Havre de Grace, Md. Harford Memorial	MD Length of stay (in this place) 5 days	STATE CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN STREET ADDRESS
3. NAME OF DECEASED (Type or Print)		4. DATE (Month) (Day) (Year) OF DEATH	
S. SEX Female	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married	8. DATE OF BIRTH Sept. 21, 1924
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY Aircraft	9. AGE last birthday 31 yrs.
13. FATHER'S NAME James Peltier		11. BIRTHPLACE (State or foreign country) Penn	
14. MOTHER'S MAIDEN NAME Unknown		12. CITIZEN OF WHAT COUNTRY? US	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) no		16. SOCIAL SECURITY NO. 212-22-8940	
17. INFORMANT & ADDRESS Kenneth E. Jones, Jr., Edgewood, R.D. Md.		18. MEDICAL CERTIFICATION	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH	
IMMEDIATE CAUSE (A) Tetanus		48 hrs.	
ANTECEDENT CAUSE(S) DUE TO (B) Intestinal obstruction		5 days	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C) Volvulus secondary to multiple adhesions.			
II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.		36 hrs.	
Pneumonia - Septicemia			
19a. DATE OF OPERATION Dec. 31, 1955		19b. MAJOR FINDINGS OF OPERATION Pelvic abscess drained through culdesac	
21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (If either, NOTIFY MEDICAL EXAMINER)		21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.		21e. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from Dec. 27, 1955, to Jan. 21, 1956, that I last saw the deceased alive on Jan. 1, 1956, and that death occurred at 10:25 A.M. from the causes and on the date stated above. SIGNATURE William A. Tyson M.D.			
23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial		DATE THEREOF Jan. 5, 1956	ADDRESS (Street, city, town, state) Kingsville, Md. Jan. 2, 1956
24. REC'D BY REGISTRAR DATE Jan. 5-1956		REGISTRAR'S SIGNATURE A. L. Kline, M.D.	DATE SIGNED Howard K. McComas & Son Abingdon, Md.
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS		Howard K. McComas & Son Abingdon, Md.	

5.1

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

1

INSTRUCTIONS

TO ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M

652

00651

CERTIFICATE OF DEATH

Reg. Dist. No. 183

1. PLACE OF DEATH Hawthorne COUNTY CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN Hawthorne		2. USUAL RESIDENCE (HOME) OF DECEASED Maryland STATE CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hawthorne	
HOSPITAL OR INSTITUTION OR STREET ADDRESS —		STREET ADDRESS 729 Ontario (If rural give location)	
3. NAME OF DECEASED (Type or Print) Hilda Berlin Beatley		4. DATE (Month) (Day) (Year) 1/24/56 19	
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widow	8. DATE OF BIRTH 1/24/1881
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY —	
13. FATHER'S NAME Samuel O. Berlin		11. BIRTHPLACE (State or foreign country) Post Depot Md	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) No		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
16. SOCIAL SECURITY NO. Unknown		17. INFORMANT & ADDRESS Dorothy H. Evans 729 Ontario	
18. MEDICAL CERTIFICATION			
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH Pulmonary Oedema		INTERVAL BETWEEN ONSET AND DEATH 1 day -	
IMMEDIATE CAUSE Pulmonary Oedema		ANTECEDENT CAUSE(S) DUE TO Cerebral Vascul. Hemorrhage	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. Malignant hypertension		DUE TO Malignant hypertension	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.		10. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (If either, NOTIFY MEDICAL EXAMINER)		21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. WHERE DID INJURY OCCUR? (City or town) (County) (State)	
M. <input type="checkbox"/> at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from June 19, 1950 to Jan 24, 1956 , that I last saw the deceased alive on 1/24/56 , and that death occurred at 24 M, from the causes and on the date stated above. SIGNATURE Frank Herbert M.D. M.D. ADDRESS [Street, city, town, state] Hawthorne Maryland DATE SIGNED Jan 24, 1956			
23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial		DATE THEREOF 1/26/56	
24. REC'D BY REGISTRAR DATE Jan 26, 1956		REGISTRAR'S SIGNATURE Lewis M. d.	
25. FUNERAL DIRECTOR'S SIGNATURE DATE Jan 26, 1956		ADDRESS Greenway Hospital	



INSTRUCTIONS

TO ATTENDING PHYSICIAN On HOSPITAL: The law requires that the death certificate be executed within 24 hours after death.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS AISC 1-55 10A

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

00652

653

CERTIFICATE OF DEATH

Reg. Dist. No. 185-

1. PLACE OF DEATH COUNTY <i>Hartford</i>			2. USUAL RESIDENCE (HOME) OF DECEASED STATE <i>N.J.</i> COUNTY								
CITY (If outside corporate limits, write RURAL OR and give nearest town)		LENGTH OF STAY (In this place)	CITY (If outside corporate limits, write RURAL and give nearest town)		TOWN <i>Havre de Grace</i>						
TOWN <i>Havre de Grace</i>		1 day	STREET ADDRESS <i>R.D.#2 Easton Rd.</i>		(If rural give location)						
7. HOSPITAL OR INSTITUTION OR STREET ADDRESS <i>Hartford Mem. Hosp.</i>			4. DATE (Month) (Day) (Year) OF DEATH JAN 18 1956								
3. NAME OF DECEASED (Type or Print) <i>Mildred M.</i>		(First) (Middle) (Last) <i>M. Kelly</i>	5. SEX <i>F</i> 6. COLOR OR RACE <i>W</i> 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <i>Widowed</i>			8. DATE OF BIRTH <i>9/27/1895</i>		9. AGE last birthday <i>60</i> yrs.		10. IF UNDER 1 YEAR Months <i>0</i> Days <i>0</i> Hours <i>0</i> Min. <i>0</i>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Nurse</i>			10b. KIND OF BUSINESS OR INDUSTRY			11. BIRTHPLACE (State or foreign country) <i>N. C.</i>			12. CITIZEN OF WHAT COUNTRY? <i>U. S. A.</i>		
13. FATHER'S NAME <i>Lucien McLean</i>			14. MOTHER'S MAIDEN NAME <i>Elsie Gibson</i>			15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) <i>NC</i> (If Yes, give war or dates of service)			16. SOCIAL SECURITY NO. <i>?</i>		
17. INFORMANT & ADDRESS <i>Clyde J. Kelly, Jr. - Havre de Grace</i>			18. MEDICAL CERTIFICATION <i>Cardiac Failure Decompensation 1 month</i>			19. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH <i>Rheumatic Heart Disease and arteriosclerotic Cardiovascular disease</i>			20. INTERVAL BETWEEN ONSET AND DEATH <i>1 year</i>		
4. IMMEDIATE CAUSE ANTECEDENT CAUSE(S) DUE TO DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. <i>(A) Cardiac Failure Decompensation (B) Rheumatic Heart Disease (C) and arteriosclerotic Cardiovascular disease</i>			21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (If either, NOTIFY MEDICAL EXAMINER)			21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)			21c. WHERE DID INJURY OCCUR? (City or town) (County) <i>M. D.</i> (State) <i>111 N. Union Ave. Havre de Grace, Md.</i>		
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)			21e. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>			21f. HOW DID INJURY OCCUR?					
22. I hereby certify that I attended the deceased from <i>Aug. 15th, 1954</i> to <i>Jan. 18th, 1956</i> that I last saw the deceased alive on <i>Jan. 18th, 1956</i> and that death occurred at <i>2:10 A.M.</i> from the causes and on the date stated above. SIGNATURE <i>Mildred M. Kelly</i> ADDRESS <i>111 N. Union Ave. Havre de Grace, Md. 1/18/56</i> DATE SIGNED <i>1/18/56</i>											
23. BURIAL, CREMATION, REMOVAL (SPECIFY) <i>Burial</i>		DATE THEREOF <i>JAN 19, 1956</i>	NAME OF CEMETERY OR CREMATORIAL <i>MOUNT LAWN CEM. WAKE CO.</i>		LOCATION (City, town, or county) <i>N.C.</i>						
24. REC'D BY REGISTRAR DATE <i>Jan. 18-1956</i>		REGISTRAR'S SIGNATURE <i>C. K. Lewis</i>	25. FUNERAL DIRECTOR'S SIGNATURE <i>R. Madson, Mitchell, Havre de Grace</i>		ADDRESS <i>Graceland</i>						

27. *Thymelicus lineola* (Linnaeus) *in* *part*
Gmelin 1771, p. 116. *Thymelicus*

INSTRUCTIONS

TO ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

The bottom copy may be signed by the hospital or attending physician.
TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS AISC 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

674

00653

CERTIFICATE OF DEATH

Item 9, FilmG191 1-16-56 et

Reg. Dist. No. 180

1. PLACE OF DEATH		2. USUAL RESIDENCE (HOME) OF DECEASED	
COUNTY CITY (If outside corporate limits, write RURAL OR and give nearest town)	MARYLAND LENGTH OF STAY (In this place)	STATE CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN	COUNTY Maryland Harford Street, Md.
TOWN Abingdon, Md	Route 7	STREET ADDRESS R.F.D. #1	(If rural give location)
3. NAME OF DECEASED (Type or Print)		4. DATE OF DEATH	
(First) Ernest Walter Lee		(Middle)	(Last)
5. SEX Male	6. COLOR OR RACE Negro	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married	8. DATE OF BIRTH 1-12-1903
10e. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Muncian Handler	10b. KIND OF BUSINESS OR INDUSTRY Army Chemicals	11. BIRTHPLACE (State or foreign country) Maryland	12. CITIZEN OF WHAT COUNTRY? U. S. A.
13. FATHER'S NAME Thomas Lee		14. MOTHER'S MAIDEN NAME Susie V. Williamson	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) No		16. SOCIAL SECURITY NO. 217-07-9578	
17. INFORMANT & ADDRESS Mrs. Anna Lee - Street, Md.		18. MEDICAL CERTIFICATION	
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH IMMEDIATE CAUSE (A) Asphyxia, accidental, due to ANTECEDENT CAUSE(S) DUE TO drowning following due to DISEASES OR CONDITIONS, IF ANY, (B) (C) GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO DROWNING DISEASE OR CONDITION CAUSING DEATH.			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.		INTERVAL BETWEEN ONSET AND DEATH —	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (If either, NOTIFY MEDICAL EXAMINER)		21c. WHERE DID INJURY OCCUR? (City or town) Abingdon Harford Md.	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Jan. 5 1956 8:30 P.M.		21e. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/> Auto accident, auto - auto type	
21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 19 10 19 19 , that I last saw the deceased alive on 19 , and that death occurred at M. from the causes and on the date stated above.			
SIGNATURE Donald C Palmer		ADDRESS (Street, city, town, state) M.D. Deputy Medical Examiner 1/6/56	
23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial		DATE THEREOF 1-10-56	NAME OF CEMETERY OR CREMATORIUM Clark's Chapel, Clark's Palmer - Harford C. M.
24. REC'D BY REGISTRAR DATE Jan 8, 1956		REGISTRAR'S SIGNATURE Norma J. Moore	LOCATION (City, town, or county) (State) ADDRESS Etalia J. Bullock-Harford Grace
25. FUNERAL DIRECTOR'S SIGNATURE DATE		ADDRESS	



INSTRUCTIONS

1

TO ATTENDING PHYSICIAN **HOSPITAL** The law requires that the death certificate be executed within 24 hours after death.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS AISC 155 10A

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

654

00654

CERTIFICATE OF DEATH

Reg. Dist. No. 185

1. PLACE OF DEATH			2. USUAL RESIDENCE (HOME) OF DECEASED		
COUNTY HARFORD		MARYLAND	STATE MD		COUNTY HARFORD
CITY (If outside corporate limits, write RURAL OR and give nearest town)		LENGTH OF STAY (in this place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN		HARFORD
TOWN HAVRE DE GRACE		LIFE	TOWN HAVRE DE GRACE		
HOSPITAL OR INSTITUTION OR STREET ADDRESS		709 MARKET, ST.	STREET ADDRESS		709 MARKET, ST
3. NAME OF DECEASED (First) RUTH (Middle) BROADWATER (Type or Print) LOTZ			4. DATE OF DEATH JAN 29 1956		
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) DIVORCED	8. DATE OF BIRTH DEC 14 1908	9. AGE last birthday yrs. 47	IF UNDER 1 YEAR Months 0 Days 0 Hours 0 Min. 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) TELEPHONE OPERATOR.			10b. KIND OF BUSINESS OR INDUSTRY C.A.P. JEL MD	11. BIRTHPLACE (State or foreign country) MD	
13. FATHER'S NAME DANIEL BROADWATER			14. MOTHER'S MAIDEN NAME EMMA WILSON		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) —			16. SOCIAL SECURITY NO. —		
17. INFORMANT & ADDRESS EMMA W. B. BAKER - H. W. GRACE			18. MEDICAL CERTIFICATION		
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH 15IX IMMEDIATE CAUSE (A) <i>Carcinoma Stomach</i>			INTERVAL BETWEEN ONSET AND DEATH		
ANTECEDENT CAUSE(S) DUE TO DISEASES OR CONDITIONS, IF ANY, (B) <i>General Circumvallation</i> GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C) <i>Carcinoma</i>					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (City or town) (County) — (State) —	
21d. TIME OF INJURY (Month) Sept (Day) 1 (Year) 1956 (Hour) —		21e. INJURY OCCURRED M. While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Sept 1, 1956 , to Jan 29, 1956 , that I last saw the deceased alive on Jan 29, 1956 , and that death occurred at 16 A.M. from the causes and on the date stated above. SIGNATURE John J. Kelly M.D. ADDRESS 1100 Belair Rd, Baltimore, Md 21212 DATE SIGNED Jan 31/56					
23. BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL		DATE THEREOF JAN 30-56	NAME OF CEMETERY OR CREMATORIUM AN BEI HILL CEM		LOCATION (City, town, or county) HARFORD, MD (State) —
24. REC'D BY REGISTRAR		REGISTRAR'S SIGNATURE L. Lewis M. D.		25. FUNERAL DIRECTOR'S SIGNATURE R. Madison Mitchell ADDRESS HARFORD, MD	
DATE Jan 31-1956					

BUREAU V. S

FEB 1 1956

RECEIVED

655

CERTIFICATE OF DEATH

Reg. Dist. No. 183

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within 24 hours after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: This law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS AISC 1-51 10M

1. PLACE OF DEATH		2. USUAL RESIDENCE (HOME) OF DECEASED	
COUNTY <u>Harford</u> CITY (If outside corporate limits, write RURAL OR and give nearest town) <u>Harford</u> TOWN <u>Harford Grace.</u>		STATE <u>Maryland</u> COUNTY <u>Harford</u> CITY (If outside corporate limits, write RURAL and give nearest town) <u>Harford</u> OR TOWN <u>Aberdeen</u> STREET <u>Rural #1.</u> ADDRESS <u>1/1</u>	
3. NAME OF DECEASED (Type or Print)		4. DATE (Month) (Day) (Year) OF DEATH <u>January 5 1956</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>Oct 7th 1922</u>
9. AGE last birthday <u>33</u> yrs.	10. IF UNDER 1 YEAR Months <u>0</u> Days <u>0</u>	11. IF UNDER 24 HRS. Hours <u>0</u> Min. <u>0</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Machinist operator</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Shoe factory</u>	
11. BIRTHPLACE (State or foreign country) <u>North Carolina</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13. FATHER'S NAME <u>Wiley Arthur Wabe</u>		14. MOTHER'S MAIDEN NAME <u>Flora Lewis Phouts</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) <u>No</u>		16. SOCIAL SECURITY NO. <u>246-22-2930</u>	
17. INFORMANT & ADDRESS <u>W. Edison Wabe, Belcamp, Md.</u>		18. MEDICAL CERTIFICATION	
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH IMMEDIATE CAUSE (A) <u>Fracture skull</u> ANTECEDENT CAUSE(S) DUE TO DISEASES OR CONDITIONS, IF ANY, (B) _____ GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C) _____ II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
21a. ACCIDENT WAS UNDERLYING CAUSE OF DEATH OR CONTRIBUTING CAUSE OF DEATH (If either, NOTIFY MEDICAL EXAMINER) <u>Yes</u>		21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) <u>Route 1</u>	
21c. WHERE DID INJURY OCCUR? (City or town) <u>Abingdon</u> (County) <u>Hanover Co. Md.</u>		21d. HOW DID INJURY OCCUR? <u>Auto accident, auto - auto, type</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Jan 5, 1956 8:30 P.M.</u>		21e. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>	
22. I hereby certify that I attended the deceased from 19 to 19 that I last saw the deceased alive on 19 and that death occurred at M, from the causes and on the date stated above.			
SIGNATURE <u>Levendell Palmer</u>		ADDRESS (Street, city, town, state) <u>Deputy Medical Examiner</u> DATE SIGNED <u>1/6/56</u>	
23. BURIAL, CREMATION, REMOVAL (SPECIFY) <u>Burial</u>		DATE THEREOF <u>Jan 9 1956</u> NAME OF CEMETERY OR CREMATORIUM <u>Sharon Baptist Cemetery Forrest Hill, Maryland</u> LOCATION (City, town, or county) <u>Forrest Hill, Maryland</u> (State)	
24. REC'D BY REGISTRAR <u>John G. Barringer</u> DATE <u>Jan 9 1956</u>		REGISTRAR'S SIGNATURE <u>J. G. Lewis m.s.</u> 25. FUNERAL DIRECTOR'S SIGNATURE <u>John G. Barringer</u> ADDRESS	



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. 185

1. PLACE OF DEATH:

COUNTY *Hurford*

MARYLAND

CITY (If outside corporate limits, write RURAL
OR and give nearest town)
TOWN *Haywards Grace*LENGTH OF STAY
(in this place)HOSPITAL OR
INSTITUTION OR
STREET ADDRESS *POA Hayford Memorial*

1 day

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE *md*COUNTY *Balt. Co*CITY (If outside corporate limits write RURAL and give nearest town)
OR
TOWN *Long Green*STREET
ADDRESS *Long Green Manor Rd*

(If rural, give location)

3. NAME OF
DECEASED:
(Type or Print)(First) *Mary*

(Middle)

(Last) *Mumm*4. DATE
OF
DEATH(Month) *Jan*(Day) *19*(Year) *56*

5. SEX:

6. COLOR OR
RACE: *Female white*7. SINGLE, MARRIED,
WIDOWED, DIVORCED,
(Specify): *Widowed*8. DATE OF BIRTH: *Feb 16-1894*9. AGE last birthday: *61*IF UNDER 1 YEAR
Months *0*IF UNDER 24 HRS.
Days *0*Hours *0*Mins *0*10a. USUAL OCCUPATION (Give kind of
work done during most of work life,
even if retired): *Housewife own Home*10b. KIND OF BUSINESS OR
INDUSTRY: *None*11. BIRTHPLACE (State or foreign country): *Balt. Co. Md*12. CITIZEN OF WHAT
COUNTRY? *USA*

13. FATHER'S NAME:

Charles E Reinhard

14. MOTHER'S MAIDEN NAME:

*Emily A Francis*15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unk.) *No* (If Yes, give war or dates of
service)16. SOCIAL SECURITY NO.: *None*

17. INFORMANT & ADDRESS:

*David E Mumm Long Green Manor Rd Long Green*INTERVAL BETWEEN
ONSET AND DEATH
2 hr

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause

(a) DUE TO

Fracture SKull

Antecedent cause(s)

Diseases or conditions, if any,
giving rise to the above cause
stating underlying cause last

(b) DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING
TO THE DEATH BUT NOT RELATED TO THE
DISEASE OR CONDITION CAUSING DEATH: *Fracture L. Senu*

2 hr

19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION:

20. AUTOPSY?
Yes No 21a. EXTERNAL CAUSE WAS
PRIMARY OR CONTRIBUTING
CAUSE OF DEATH.21b. PLACE (Home, farm, factory,
OF street, office bldg., etc.)
INJURY *route 152*21c. (City or town) *Fork*(County) *Baltimore*(State) *Md.*21d. TIME (Month) (Day) (Year) (Hour)
OF INJURY *1/18/56*21e. INJURY OCCURRED
While at work Not while
work at work 21f. HOW DID INJURY OCCUR?
*Autos accident auto-accident type*22. I hereby certify that I took charge of the remains described above, held an Autopsy , Inspection , Inquiry , and
find that death resulted from: Natural causes , Accident , Suicide , Homicide , Undetermined cause .

SIGNATURE

*Leroy C Palmer*CHIEF MEDICAL EXAMINER
DEPUTY MEDICAL EXAMINER
M. D. ASSISTANT MEDICAL EXAM.DATE SIGNED
*1/18/56*23. BURIAL, CREMATION,
REMOVAL (Specify): *Burial*DATE THEREOF *1/18/56*NAME OF CEMETERY OR CREMATORIAL
*Wilson M. Cem.*LOCATION (City, town, or county) *Balt. Md*

(State)

DATE REC'D BY LOCAL
REG. *1/18/56*REGISTRAR'S SIGNATURE *C. W. Hedrick*24. FUNERAL DIRECTOR *Lassaline Funeral Home 7461 Belair Rd*

ADDRESS



875

CERTIFICATE OF DEATH

Reg. Dist. No. 182

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within 24 hours after death.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-35 10M

1. PLACE OF DEATH		2. USUAL RESIDENCE (HOME) OF DECEASED	
COUNTY CITY TOWN	MARYLAND	STATE CITY TOWN	COUNTY CITY TOWN
<i>Harford</i>	<i>Length of Stay</i>	<i>Md</i>	<i>Harford</i>
HOSPITAL OR INSTITUTION OR STREET ADDRESS	<i>100 1/2 Hublix Street Harford</i>		
3. NAME OF DECEASED (Type or Print)		4. DATE OF DEATH	
(First)	(Middle)	(Last)	<i>Jan 31 1956</i>
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH
<i>Female</i>	<i>White</i>	<i>Married</i>	<i>73</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	
<i>Office worker</i>		<i>Office worker</i>	
13. FATHER'S NAME		11. BIRTHPLACE (State or foreign country)	
<i>John J. Murphy</i>		<i>Harford Co, Md</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.)		16. SOCIAL SECURITY NO.	
<i>No</i>		<i>Mr. 1234567890</i>	
17. INFORMANT & ADDRESS		12. CITIZEN OF WHAT COUNTRY?	
<i>Mrs. M. C. Cain</i>		<i>21 A</i>	
18. MEDICAL CERTIFICATION			
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH			
331X IMMEDIATE CAUSE (A) <i>Cerebral Hemorrhage</i>			
ANTECEDENT CAUSE(S) DUE TO (B) <i>Arteriosclerosis</i>			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C)			
INTERVAL BETWEEN ONSET AND DEATH <i>6 hrs</i>			
4 yrs			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (If either, NOTIFY MEDICAL EXAMINER)		21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)	
21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <i>Jan 31, 1956</i> to <i>Jan 31, 1956</i> , that I last saw the deceased alive on <i>Jan 31, 1956</i> , and that death occurred at <i>M.</i> from the causes and on the date stated above. SIGNATURE <i>John J. Murphy</i> ADDRESS (Street, City, town, state) <i>100 1/2 Hublix St, Harford Co, Md.</i> DATE SIGNED <i>1/1/56</i>			
23. BURIAL, CREMATION, OR REMOVAL (SPECIFY)		24. DATE THEREOF	
<i>Burial</i>		<i>Feb 3, 1956</i>	
24. REG'D BY REGISTRAR		REGISTRAR'S SIGNATURE	
DATE <i>Feb 1, 1956</i>		25. FUNERAL DIRECTOR'S SIGNATURE	
		ADDRESS	



INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within 24 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate should be retained for use as a burial transit permit.

VS A15C 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

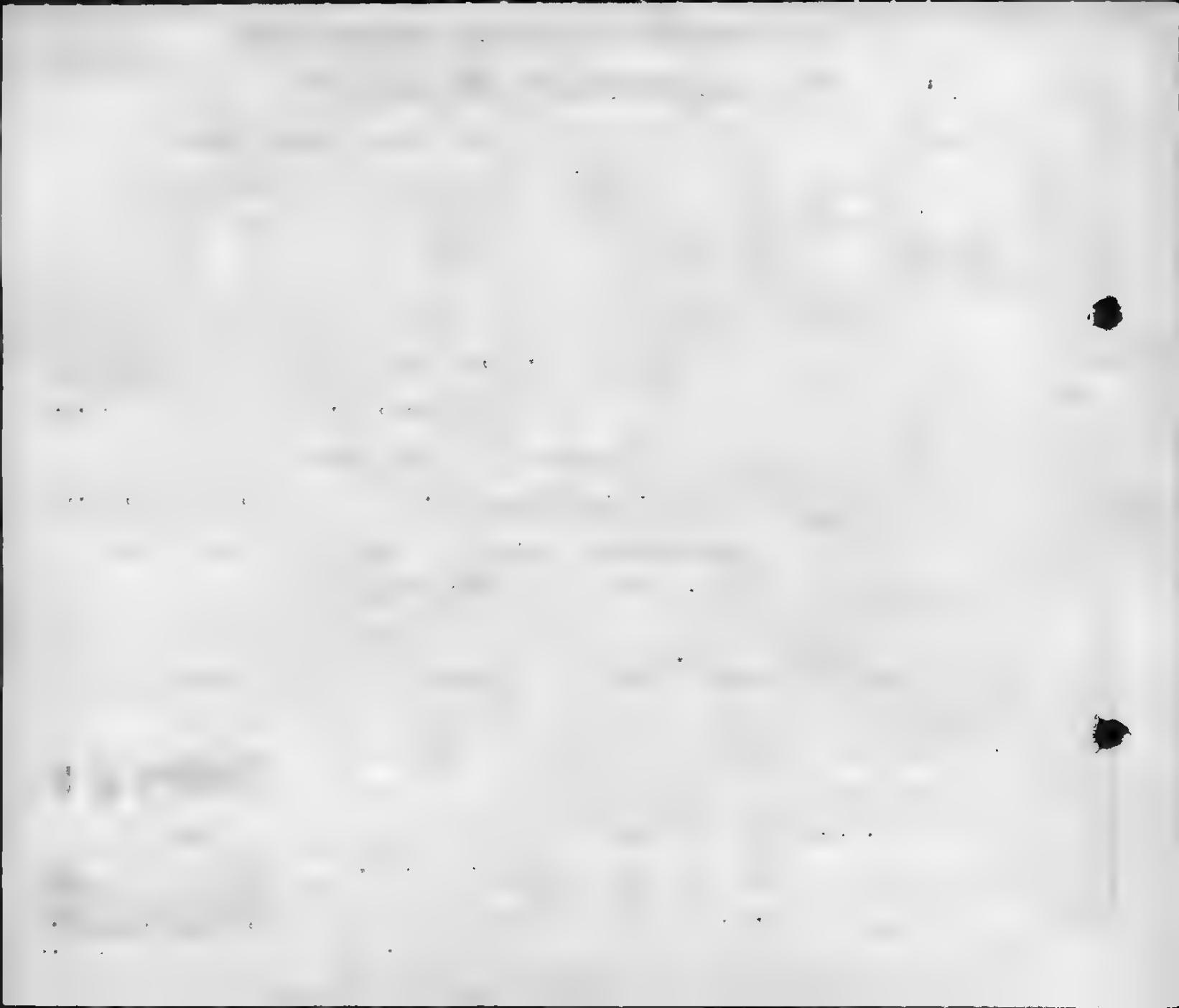
657

00657

CERTIFICATE OF DEATH

Reg. Dist. No. 185

1. PLACE OF DEATH		2. USUAL RESIDENCE (HOME) OF DECEASED				
COUNTY CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN	MARYLAND LENGTH OF STAY (in this place)	STATE CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN	COUNTY Harford Edgewood (If rural give location)			
Harford Harford Trace Md.	15 days	Edgewood	X			
HOSPITAL OR INSTITUTION OR STREET ADDRESS	Harford Memorial Hospital					
3. NAME OF DECEASED (Type or Print)	(First) Martin	(Middle) A	(Last) Necker			
4. DATE (Month) OF DEATH	(Day)	(Year)				
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married	8. DATE OF BIRTH Feb. 11, 1873	9. AGE last birthday 82	10. IF UNDER 1 YEAR Months Years	11. IF UNDER 24 HRS. Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Track Foreman		10b. KIND OF BUSINESS OR INDUSTRY Railroad	11. BIRTHPLACE (State or foreign country) Baltimore, Md.,		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME Unknown		14. MOTHER'S MAIDEN NAME Anna Bunn				
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) no		16. SOCIAL SECURITY NO. 717-07-5425		17. INFORMANT & ADDRESS Mrs. William Fertig, Edgewood, Md.,		
18. MEDICAL CERTIFICATION						
IMMEDIATE CAUSE (A) Auricular Fibrillation and Peripheral vascular collapse						
ANTECEDENT CAUSES (B) DUE TO Chr. Hypertensive Cardio-vascular Disease						
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C)						
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Chr. Prostatism						
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (If either, NOTIFY MEDICAL EXAMINER)		21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)		
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED M. While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?		
22. I hereby certify that I attended the deceased from June 1955, 19, to January 15, 1956, that I last saw the deceased alive on Jan. 15, 1956, and that death occurred at 9:29 A.M. from the causes and on the date stated above. SIGNATURE Willard P. Hudson M.D. ADDRESS (Street, city, town, state) Forest Hill, Md. DATE SIGNED 1-16-56						
23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial		DATE THEREOF Jan. 18, 1956		NAME OF CEMETERY OR CREMATORIAL Bel Air Memorial Gardens		LOCATION (City, town, or county) Bel Air, Harford, Md. (State)
24. REC'D BY REGISTRAR DATE Jan. 17, 1956		REGISTRAR'S SIGNATURE G. L. Lewis M.D.		25. FUNERAL DIRECTOR'S SIGNATURE Howard K. McComas & Son Abingdon, Md., ADDRESS Howard K. McComas & Son Abingdon, Md.,		



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

00658

559

CERTIFICATE OF DEATH

Reg. Dist. No. 183

INSTRUCTIONS

TO ATTENDING PHYSICIAN: The law requires that the death certificate be filed with the registrar within **72 hours** after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within **72 hours** after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M

1. PLACE OF DEATH		2. USUAL RESIDENCE (HOME) OF DECEASED	
COUNTY	Harford	MARYLAND	MARYLAND
CITY (If outside corporate limits, write RURAL or and give nearest town)	LENGTH OF STAY (In this place)		
TOWN	about 40 yrs.		
HOSPITAL OR INSTITUTION OR STREET ADDRESS	517 Gerard Street		
3. NAME OF (First) (Middle) (Last)		4. DATE (Month) (Day) (Year)	
(Type or Print) Charlie Price		OF DEATH 1 12 19 36	
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH
Male	Negro	Widowed	Aug 14, 1874
9. AGE last birthday	10. IF UNDER 1 YEAR	11. IF UNDER 24 HRS.	
81 yrs.	Months	Days	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	
Laborer		Contractor	
11. BIRTHPLACE (State or foreign country)		12. CITIZEN OF WHAT COUNTRY?	
Brunswick, Va.		U.S.A.	
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
Levy Price		Judy (unknown)	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.)		16. SOCIAL SECURITY NO.	
(If Yes, give war or dates of service)		none	
no		17. INFORMANT & ADDRESS	
Per. Jesse Woolfolk, Havre de Grace			
18. MEDICAL CERTIFICATION			
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH			
429. IMMEDIATE CAUSE (A) Uremia			
ANTECEDENT CAUSE(S) DUE TO			
DISEASES OR CONDITIONS, IF ANY, (B) GIVING RISE TO THE ABOVE CAUSE			
STATING UNDERLYING CAUSE LAST. DUE TO (C)			
Arteriosclerotic Heart Disease			
INTERVAL BETWEEN ONSET AND DEATH			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)	
21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> M. at work <input type="checkbox"/> at work <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 18.1.14., 19.56., to 1.1.11., 19.56., that I last saw the deceased alive on 11.11., 19.56. and that death occurred at 7:45P.M. from the causes and on the date stated above.			
SIGNATURE		ADDRESS (Street, city, town, state)	
George J. Hensbury, M.D.		DATE SIGNED 1/15/56	
23. BURIAL, CREMATION, REMOVAL (SPECIFY)		DATE THEREOF NAME OF CEMETERY OR CREMATORIUM LOCATION (City, town, or county) (State)	
Burial		1-15-56 St. James Cemetery Havre de Grace, Md.	
24. REC'D BY REGISTRAR		REGISTRAR'S SIGNATURE	
DATE 1-13-1956		25. FUNERAL DIRECTOR'S SIGNATURE	
L. Lewis		ADDRESS	
Ottie J. Gullord		Havre de Grace, Md.	



INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within 24 hours after death.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

00659

676

CERTIFICATE OF DEATH

Reg. Dist. No. 181

1. PLACE OF DEATH				2. USUAL RESIDENCE (HOME) OF DECEASED				
COUNTY	Harford	MARYLAND	STATE	New York	COUNTY	Seneca		
CITY (If outside corporate limits, write RURAL or end give nearest town)		LENGTH OF STAY (in this place)	STATE	NEW YORK	COUNTY	Seneca		
TOWN	Aberdeen	5 hrs	CITY (If outside corporate limits, write RURAL and give nearest town)		CITY (If outside corporate limits, write RURAL and give nearest town)			
HOSPITAL OR INSTITUTION OR STREET ADDRESS	US Army Hospital	STREET ADDRESS	TOWN	Seneca Falls	TOWN	Seneca Falls		
	Aberdeen Proving Ground							
3. NAME OF DECEASED (First) (Middle) (Last)	4. DATE (Month) (Day) (Year)							
Yiou	Elizabeth	RALEIGH	January 20 1956					
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR		IF UNDER 24 HRS.	
Female	White	Single	January 20 1956	yrs.	Months	Days	Hours	Min.
10e. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)			12. CITIZEN OF WHAT COUNTRY?			
None	None	Maryland			USA			
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME							
Burton Ramer	Susanna Knight							
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, No, or unk.)	16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS						
NO		Father - as in 2						
18. MEDICAL CERTIFICATION					INTERVAL BETWEEN ONSET AND DEATH			
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH					5 hrs			
IMMEDIATE CAUSE (A)					Erythroblastosis fetalis			
ANTECEDENT CAUSE(S) DUE TO								
DISEASES OR CONDITIONS, IF ANY, (B) GIVING RISE TO THE ABOVE CAUSE								
STATING UNDERLYING CAUSE LAST. DUE TO (C)								
II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.								
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION			20. AUTOPSY?				
				YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>				
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)			21c. WHERE DID INJURY OCCUR? (City or town)			(County) (State)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED			21f. HOW DID INJURY OCCUR?				
M.	at work	Not while at work						
22. I hereby certify that I attended the deceased from Jan 20, 1956, to Jan 20, 1956, that I last saw the deceased alive on Jan 20, 1956, and that death occurred at 2:50PM, from the causes and on the date stated above.								
SIGNATURE <i>Frederick Leggatson Capt. USA</i> ADDRESS (Street, city, town, state) <i>US Army Hospital</i> DATE SIGNED <i>Jan 23 1956</i>								
23. BURIAL, CREMATION, REMOVAL (SPECIFY)	DATE THEREOF	NAME OF CEMETERY OR CREMATORIUM			LOCATION (City, town, or county)			
Burial	Jan 25 1956	Aberdeen Proving Ground, Md.			Army Chemical Center, Md.			
24. REC'D BY REGISTRAR	REGISTRAR'S SIGNATURE			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS				
DATE <i>Jan 24-56</i>	Willie R. Penny			John G. Barringer, Aberdeen, Md.				



INSTRUCTIONS

1

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within 24 hours after death. The bottom copy may be signed by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS AISC 155-10A

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

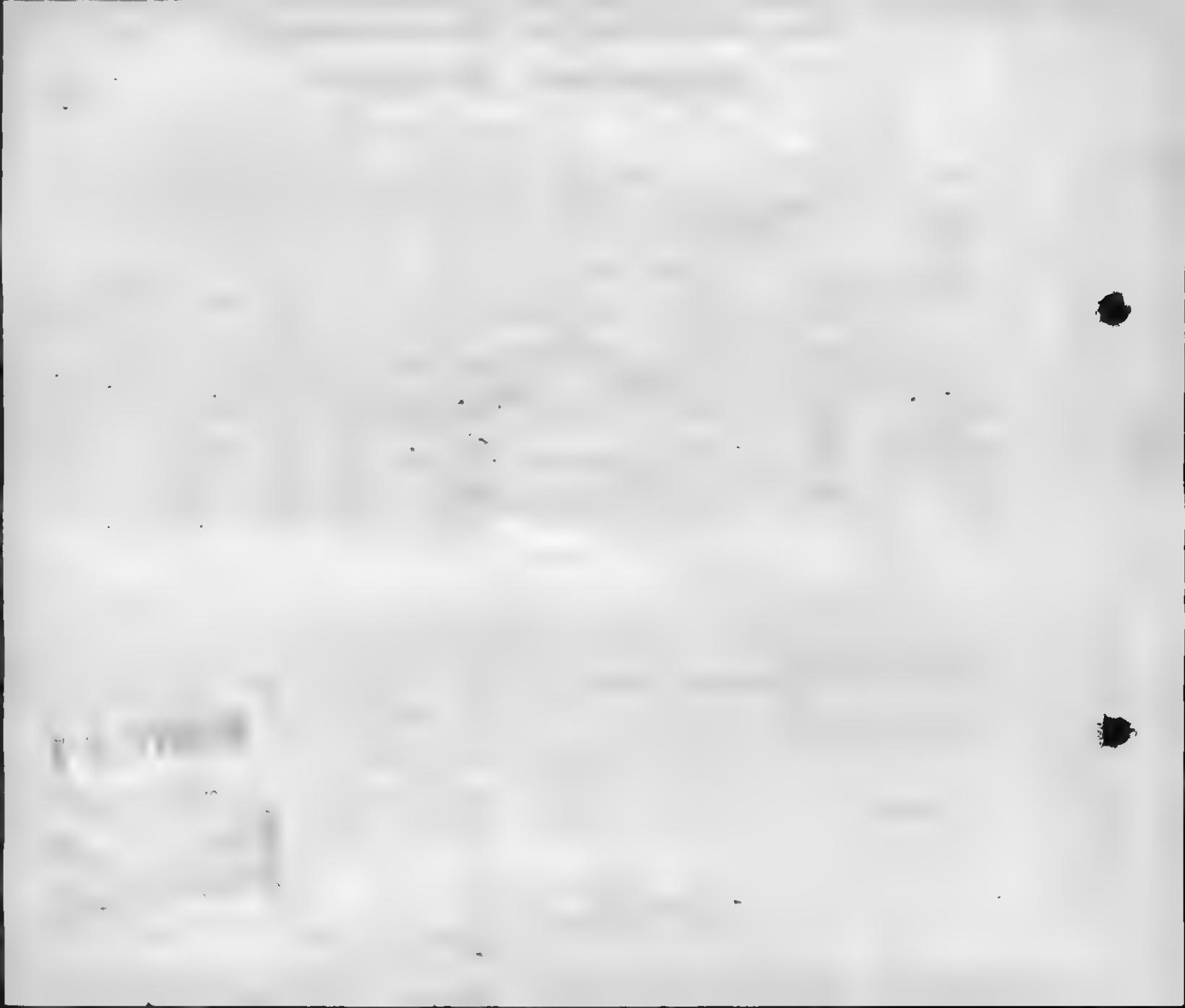
00660

677

CERTIFICATE OF DEATH

Reg. Dist. No. 186

1. PLACE OF DEATH		2. USUAL RESIDENCE (HOME) OF DECEASED	
COUNTY CITY (If outside corporate limits, write RURAL OR end give nearest town) TOWN	MARYLAND LENGTH OF STAY (in this place)	STATE CITY (If outside corporate limits, write RURAL and give nearest town) TOWN	COUNTY (If rural give location)
HOSPITAL OR INSTITUTION OR STREET ADDRESS		STREET ADDRESS	
3. NAME OF DECEASED (Type or Print) First (Middle) (Last)		4. DATE (Month) OF DEATH Jan. 7 1956 (Day) (Year)	
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH 1865 90
10e. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY Attorney at law	11. BIRTHPLACE (State or foreign country) Maryland
13. FATHER'S NAME John Wilson		14. MOTHER'S MAIDEN NAME Susan Adams	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.)		16. SOCIAL SECURITY NO. Mrs	
17. INFORMANT & ADDRESS Mrs. Elizabeth B. Rector		18. MEDICAL CERTIFICATION Old age	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (If either, NOTIFY MEDICAL EXAMINER)		21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED M. at work <input type="checkbox"/> Not while at work <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from June 1955, to 1956, that I last saw the deceased alive on 12 1955, and that death occurred at 5:10 A.M., from the causes and on the date stated above. SIGNATURE Wendy Phillips M.D.			
23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial		DATE THEREOF Jan 7 1956	NAME OF CEMETERY OR CREMATORIUM Rock Run Cemetery
24. REC'D BY REGISTRAR DATE Jan. 7 1956		REGISTRAR'S SIGNATURE Katherine E. Knight	LOCATION (City, town, or county) Dolington, Md.
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS			



INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been exacted by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filled with the registrar within 72 hours after death. After this certificate has been exacted by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

The bottom copy may be retained by the hospital or attending physician.

VS AISC 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

659

CERTIFICATE OF DEATH

00661

Reg. Dist. No. 182

1. PLACE OF DEATH				2. USUAL RESIDENCE (HOME) OF DECEASED					
COUNTY		MARYLAND		STATE		COUNTY			
CITY (If outside corporate limits, write RURAL OR and give nearest town)		LENGTH OF STAY (In this place)		Md		Md			
TOWN		2 mos. 45 Min		CITY (If outside corporate limits, write RURAL and give nearest town)					
HOSPITAL OR INSTITUTION OR STREET ADDRESS		STREET ADDRESS		TOWN		STREET (If rural give location)			
Harford		Joppa		Joppa		Joppa			
3. NAME OF DECEASED (Type or Print)				4. DATE (Month) (Day) (Year)					
Douglas Ray Starr				Jan. 24 1956					
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	10. IF UNDER 1 YEAR	11. IF UNDER 24 HRS.			
Male	W		Jan. 24, 1956	inborn yrs.	Months	Days	Hours	Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)			10b. KIND OF BUSINESS OR INDUSTRY			11. BIRTHPLACE (State or foreign country)			12. CITIZEN OF WHAT COUNTRY?
						Md			CS
13. FATHER'S NAME				14. MOTHER'S MAIDEN NAME					
Marshall Willis Starr				Norman Stempel					
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.)			16. SOCIAL SECURITY NO.			17. INFORMANT & ADDRESS			
(If Yes, give war or dates of service)									
18. MEDICAL CERTIFICATION								INTERVAL BETWEEN ONSET AND DEATH	
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH									
IMMEDIATE CAUSE		(A)		Angina due to unknown				2 hrs	
ANTECEDENT CAUSE(S)		DUE TO							
DISEASES OR CONDITIONS, IF ANY,		(B)							
GIVING RISE TO THE ABOVE CAUSE		DUE TO							
STATING UNDERLYING CAUSE LAST.		(C)							
causes									
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.									
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION							
21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (If either, NOTIFY MEDICAL EXAMINER)		21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (City or town)				(County)	(State)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED While at work		21f. HOW DID INJURY OCCUR?					
M.		Not while at work							
22. I hereby certify that I attended the deceased from Jan. 24, 1956, to Jan. 24, 1956, that I last saw the deceased alive on Jan. 24, 1956, and that death occurred at 7:15 A.M. from the causes and on the date stated above.								ADDRESS (Street, city, town, state)	
SIGNATURE								DATE SIGNED	
Philip W. Herman								M.D. 207 N. Eddy, Belair, Md	
23. BURIAL, CREMATION, REMOVAL (SPECIFY)		DATE THEREOF		NAME OF CEMETERY OR CREMATORIAL				LOCATION (City, town, or county) (State)	
Burial		Jan. 25, 1956		Mountain Christian				Joppa Md	
24. REC'D BY REGISTRAR		REGISTRAR'S SIGNATURE		25. FUNERAL DIRECTOR'S SIGNATURE				ADDRESS	
		Purcell Foreword		H. H. Archer				Baltimore Md	
DATE 1-26-56									

140M

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this bottom copy may be recorded by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and immediately filed in by the funeral director, the third copy of this death certificate should be retained by the funeral director for use as a burial transcript.

VS A15C 1-55 10

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

00662

678

CERTIFICATE OF DEATH

Reg. Dist. No. 182

1. PLACE OF DEATH				2. USUAL RESIDENCE (HOME) OF DECEASED			
COUNTY		MARYLAND		STATE		COUNTY	
CITY (If outside corporate limits, write RURAL OR and give nearest town)		LENGTH OF STAY (in this place)		CITY (If outside corporate limits, write RURAL and give nearest town)		CITY (If outside corporate limits, write RURAL and give nearest town)	
TOWN		57 yrs		TOWN		TOWN	
HOSPITAL OR INSTITUTION OR STREET ADDRESS				STREET ADDRESS			
3. NAME OF DECEASED (Type or Print)				4. DATE (Month) (Day) (Year)			
EMMA M STREETT				Jan 3 1936			
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR		IF UNDER 24 HRS.
Female	white	Single	Apr 14 1864	91	Months	Days	Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)				11. BIRTHPLACE (State or foreign country)			
Housewife				Jarrettsville Md			
13. FATHER'S NAME				14. MOTHER'S MASTEN NAME			
Samuel Streett				Mary Ellen Miller			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.)				16. SOCIAL SECURITY NO.			
No				17. INFORMANT & ADDRESS			
DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH				18. MEDICAL CERTIFICATION			
IMMEDIATE CAUSE (A) Acute Myocardial Insufficiency				INTERVAL BETWEEN ONSET AND DEATH Sudden.			
ANTECEDENT CAUSE(S) DUE TO DISEASES OR CONDITIONS, IF ANY, (B) Hypertensive Cardio-vascular Disease.				Years.			
GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C) Generalized Arterio-sclerosis.				Years.			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.							
19a. DATE OF OPERATION				19b. MAJOR FINDINGS OF OPERATION			
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)				21b. PLACE (Home, farm, factory, OF INJURY street, office, bldg., etc.)			
21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)				21d. TIME OF INJURY (Month) (Day) (Year) (Hour)			
21e. INJURY OCCURRED M. While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>				21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from June 19, 53, to 1/6/56, 19, that I last saw the deceased alive on 1/2/56, 19, and that death occurred at 6 P.M., from the causes and on the date stated above. SIGNATURE <i>Edwin B. Jensen</i> M.D. 11 East Chase St., Baltimore-2, Md. 1/6/56.							
ADDRESS (Street, city, town, state)				DATE SIGNED			
23. BURIAL, CREMATION, REMOVAL (SPECIFY) <i>Burial</i>				DATE THEREOF <i>Jan 7 1936</i>			
NAME OF CEMETERY OR CREMATORIAL <i>Bethel</i>				LOCATION (City, town, or county) <i>Madonna Hill Cemetery</i> (State)			
24. REC'D BY REGISTRAR DATE 1-11-36				REGISTRAR'S SIGNATURE <i>Wilma Louwood</i>			
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <i>P. Martin Keat</i>							



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

00663

660

CERTIFICATE OF DEATH

Reg. Dist. No. 181

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within 24 hours after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C-155.10M

1. PLACE OF DEATH		2. USUAL RESIDENCE (HOME) OF DECEASED	
COUNTY CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN	MARYLAND LENGTH OF STAY (in this place)	STATE CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN	COUNTY STREET ADDRESS # (If rural give location)
31 Harford aberdeen	MARYLAND 31 306 Grateford Drive	31 Maryland Harford aberdeen	31 132 Low Street
3. NAME OF DECEASED (Type or Print)		4. DATE OF DEATH	
Jordan W. Tweed.		Jan 30 1956	
5. SEX Male.	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Married	8. DATE OF BIRTH June 8th 1896.
9. AGE last birthday 59 yrs.	10. IF UNDER 1 YEAR Months Days	11. IF UNDER 24 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Electrical Engineer		10b. KIND OF BUSINESS OR INDUSTRY Fort. M.P. Ind.	11. BIRTHPLACE (State or foreign country) Pennsylvania
13. FATHER'S NAME John W. Tweed.		14. MOTHER'S MAIDEN NAME Mary Ellen Wright	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) No		16. SOCIAL SECURITY NO. 220-22-0561	
17. INFORMANT & ADDRESS Mrs. Jordan W. Tweed aberdeen Md.		18. MEDICAL CERTIFICATION Cirrhosis Sclerotic Cardio vascular Disease Coronary Thrombosis	
19a. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH 420.1 IMMEDIATE CAUSE ANTECEDENT CAUSE(S) DUE TO DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.		19b. MAJOR FINDINGS OF OPERATION 5 yrs. 6 mm	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>		INTERVAL BETWEEN ONSET AND DEATH	
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) 4000 Maryland	
21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M. 21e. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR?		22. I hereby certify that I attended the deceased from <u>Jan 30, 1956</u> to <u>Jan 30, 1956</u> , that I last saw the deceased alive on <u>Jan 30, 1956</u> , and that death occurred at <u>11:00 P.M.</u> from the causes and on the date stated above. SIGNATURE <u>Charles J. Foley</u> M.D. ADDRESS (Street, city, town, state) <u>4000 Maryland</u> DATE SIGNED <u>Jan 30, 1956</u>	
23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial		DATE THEREOF Feb 2-1956	
24. REC'D BY REGISTRAR DATE <u>Feb 1-1956</u>		NAME OF CEMETERY OR CREMATORIAL Spesutia Cemetery	
REGISTRAR'S SIGNATURE <u>Melvin R. Perry</u>		LOCATION (City, town, or county) Perryman Maryland	
25. FUNERAL DIRECTOR'S SIGNATURE <u>John G. Barringer Aberdeen Md.</u>		ADDRESS	

RECEIVED
FEB 3 1966
FEDERAL BUREAU OF INVESTIGATION
U. S. DEPARTMENT OF JUSTICE

U. S. DEPARTMENT OF JUSTICE
FEDERAL BUREAU OF INVESTIGATION
WILSON, WALTER

WILSON, WALTER

BUREAU V. 8

FEB 3 1966

RECEIVED
FEB 3 1966
FEDERAL BUREAU OF INVESTIGATION
U. S. DEPARTMENT OF JUSTICE

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within 24 hours after death.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

00664

CERTIFICATE OF DEATH

661

Reg. Dist. No. 185

1. PLACE OF DEATH				2. USUAL RESIDENCE (HOME) OF DECEASED			
COUNTY		MARYLAND		STATE		COUNTY	
CITY (If outside corporate limits, write RURAL OR and give nearest town)		LENGTH OF STAY (In this place)		CITY (If outside corporate limits, write RURAL and give nearest town)		HARFORD	
TOWN		45 YEARS		TOWN		HARFORD	
HOSPITAL OR INSTITUTION OR STREET ADDRESS		STREET ADDRESS		STREET ADDRESS		124 Lodge Alley	
NONE		124 Lodge Alley					
3. NAME OF DECEASED (First) (Middle) (Last)				4. DATE (Month) (Day) (Year) OF DEATH JAN 15 1956			
F		MARTHA LENA WEBSTER		9. AGE last birthday yrs. 79		IF UNDER 1 YEAR Months 0 Days 0 Hours 0 Min. 0	
6. COLOR OR RACE		7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) WIDOWED		8. DATE OF BIRTH OCT 12 1876		10. KIND OF BUSINESS OR INDUSTRY None	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. BIRTHPLACE (State or foreign country) Port Deposit, Md		11. BIRTHPLACE (State or foreign country) Port Deposit, Md		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME John Bond				14. MOTHER'S MAIDEN NAME SUSAN BESSICK			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) No		16. SOCIAL SECURITY NO. UNKNOWN		17. INFORMANT & ADDRESS David H Webster, Lodge Alley			
18. MEDICAL CERTIFICATION Coronary Occlusion				INTERVAL BETWEEN ONSET AND DEATH 15 minutes			
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH 420.1 IMMEDIATE CAUSE (A) ANTECEDENT CAUSE(S) DUE TO DISEASES OR CONDITIONS, IF ANY, (B) GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C)							
II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (City or town) None		(County) (State)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.		21e. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? None			
22. I hereby certify that I attended the deceased from Jan 15, 1956, to Jan 15, 1956, that I last saw the deceased alive on Jan 15, 1956, and that death occurred at 7: P.M. from the causes and on the date stated above. ADDRESS (Street, city, town, state) Hare de Grace, Md DATE SIGNED Signature: C. J. Simon							
23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial		DATE THEREOF 1/18/1956		NAME OF CEMETERY OR CREMATORIAL ST. JAMES		LOCATION (City, town, or county) HARFORD, Md (State)	
24. REC'D BY REGISTRAR DATE Jan 18-1956		REGISTRAR'S SIGNATURE A. L. Lewis, M.D.		25. FUNERAL DIRECTOR'S SIGNATURE Crematorium + Son, David, Jr., M.D.		ADDRESS	

STATE OF MASSACHUSETTS
DEPARTMENT OF PUBLIC SAFETY
CERTIFICATE OF DEATH

FEDERAL BUREAU OF INVESTIGATION
COMMERCIAL BUREAU

JAN 30 1956

RECEIVED